STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE 42 P ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putsida corporete limits, write RURAL and give nearest tewn) write RURAL and give nearest town) filled in b 72 hours after CUMBE LAND 11 DAYS ZZIOXOZAXAXXXXIZIAN CUMBERI AND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS HEART HOSPITAL PACA STREE papers. 3. NAME OF Middle 4. DATE Last Month COMPIE DECEASED OF within (Typa or print) DEATH HHAT. 6. COLOR OR RACE 7, MARRIEDY NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR Pue last birthday) Months eveni, please rem WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Gardener Retired City of Cumb. MARYLAND 13. FATHER'S NAME 2 14. MOTHER'S MAIDEN NAME aftending эпа 16. SOCIAL SECURITY NO. 17. INFORMANT Then Addrass (Yes, no, or unkown) | (Ifyasgive war or detection) Mrs. Clara A. Aman 220 Paca None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] signed by PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate causa DUE TO (e), stating the undarlying certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO CERTIFICATI 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) Month, Day, Yaar factory, street, offica bldg., etc.) Not While Hour am Whila at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from plnods saw the deceased alive on...... 22e. SIGNATURI ATTENDING STAFF MAED. PHYS. PHYS. UNERAL 72c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23d. LOCATION (City, lown or county) 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) OI St. Patrick's Cem. Cumberland. Dec. 4. 1961 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Krous

Charles L. George, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12052

1. PLACE OF DEATH B. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) CLIMBERIAND 3 DAYS	c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) CUMBERLAND.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) MEMORIAL HOSPITAL	d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO 1
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220. SIGNATURE	D. ATTENDING MED. STAFF PHYS. 226. DATE SIGNED 1. Z.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12054

	PLACE OF DEATH	ALLEGANY		MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. STATE MARYT.AND b. COUNTY GARRETT							
	b. CITY OR TOWN (if	outside corporate limi	its,	e, LENGTH OF STAY IN 16	e. CITY OR TOWN	(If outside corp	porate limits, write	RURAL end give	nearest tow	n)		
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CERTIFI	200. ACCIDENT WA OR CONTRIBUTING ! (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCR	RIBE HOW INJURY OCCURE	D. (Enter nature of injury i	in Pert I or Pert i	ll of item 18.)					
-AL	20c. TIME OF INJUR	Y Month, Day, Ye	er 20d. IN		ACE OF INJURY (Home, fa		y or town)	(County)	(State)		
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				ed the deceased from								
		ed alive on		19 and the	it death occured_bts	2Ualitiron	n the causes	and on the da				
	22e. SIGNATURE	Dorl	1/10	and ,	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		226.	SIGNED;		
	22c. PHYSICIAN'S				22d. ADDRESS							
	NAME (Type)	EARL R. I	PAUL M.	D.	36 G	REENE S	TREET CU	MBERLAND	, MD			
234		ON, 236. DATE THE		23c. NAME OF CEMETERY			ATION (City, los		-	ate)		
	REMOVAL (Specify) Burial	11/25/6	1	Garrett Memio	ral Gardens	08	akland		Md.			
24	FUNERAL DIRECTOR	S SIGNATURE	147	ADDRESS	25a. R	REC'D BY REGIS	TRAR 256. REG	GISTRAR'S SIGNA				
	0/13	val	wes.	ternport, Md.	DATE	IOV 2 7 '61	Ch.	Court S. Thou	A			

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6	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phys	ple	nd
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CERTIFICATION

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Residence before admission) I. PLACE OF DEAT a. COUNTY a. STATE b. COUNTY Allegany ALLEGANY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give neerest town) FROSTBURG L WEEK 1. FROSTBURG e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO TY 4. DATE Day 3. NAME OF Middle Last Month Yaar DECEASED OF DEATH NOVEMBER 19 67 (Type or print) S. MINNIE BRODE 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR) IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED last birthday) Months 65 yrs. WIDOWED DIVORCED FEMALE 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) HOUSEWORK USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM SITTIG MINNIE BRODE Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Hyesgive war or dates of sarvice) BRODE, JR., FROSTBURG. MRS.WM. 18. CAUSE OF DEATH lenter only one cause per line for (a), (b), and (c). INTERVAL SETWE ONSET AND DE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, term, (County) (Stete) 20c. TIME OF INJURY 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) Whila Not While Hour a.m. at work af work 19 (in that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 22a. SIGNATURE SIGNED ATTENDING. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) E. MAIN ST., FROSTBURG, MD. MCLANE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (Sfata) 23a, BURIAL, CREMATION, 23b. REMOVAL (Spacify) 24-61 F'BG.MEMERIAL PARK FROSTBURG. MD. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE ADDRESS. DATENOV 2 7 '61 arthur S. Thans

FROSTBURG, MD.

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PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decreesed lived, If institution: Residence before edmission) Allegany Page files. Health, e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate Jim ts c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) ector. RURAL and give nearest town) Little Orleans MIL d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) B. .S RESIDENCE ON A FARM? YES NO RD 3. NAME OF Middle DECEASED OF (Type or print) DEATH AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED may last bigthdey) and Hours Devs WIDOWED DIVORCED 24 hours after USUAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) Pages BUSSINESS pages 13. FATHER'S NAME Give 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewerordetes ofservice) Office along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SUDDEN CORONARY OCCLUSION in pencil IMMEDIATE CAUSE (e) certificate should be DUE TO burial CORONARY SCLEROSIS Conditions, if env. which (b) geve rise to immediate cause 10 DUE TO SE (e), stefing the underlying Examiner Ь used . cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19, WAS AUTOPSY CERTIFICATION 9 PERFORMED? execute the certificate, writing the word Medical NO MEDICAL EXAMINER: This pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | forwarded to the Chief Me I. DIRECTOR: Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED + 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE NOVELBER 18. EXAMINER'S plnods Cumberland. MD. Address (Street, city, town, or county) RD 9 NAME (Type) 220 SURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country REMOVAL (Specify) 0 24b. REGISTRAR'S SIGNATURE VS. A1SME 5M 9/60 Circling & Kings

MARYLAND STATE DEPARTMENT OF HEALTH



Cumberland, Md.

Wayne George

MARYLAND STATE DEPARTMENT OF HEALTH

a. IS RESIDENCE

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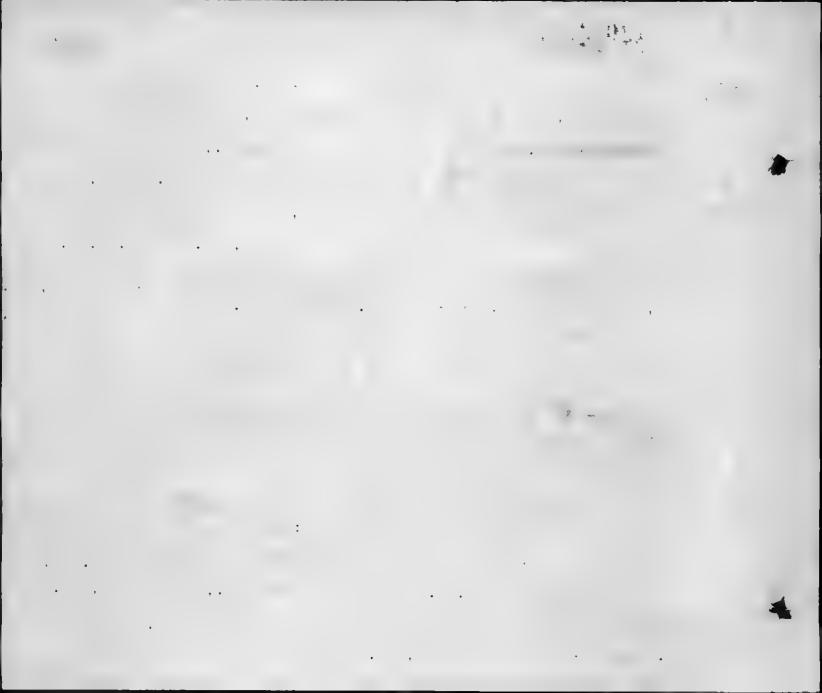
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ONSET AND DEATH

ON A FARM? YES TO NO A

VR A15 (4) 15M 9/HO



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	12	071	ON UP	CERTIF		TE OF DEATI		AKTLAND	1	205	8
	PLACE OF DEATH o. COUNTY	Allegan	y	MARYL	AND	2. USUAL RESIDENCE (Vo. STATE Mary		fived If institution b. COUNTY	Residence be		sion)
	b. CITY OR TOWN RURAL ond give Cumber	44	s, write	e: LENGTH OF STAY I		1	outside corpore	ote limits, write RU	RAL ond give	nearest tow	n)
	OR INSTITUTION	PITAL (If not in hospitol, g		oddress) 1firmary		d. STREET ADDRESS	rand A	venue		ON	SIDENCE A FARM? NO
	NAME OF DECEASED	Fire		Middle		lest	4. DATE OF	Month		Day	Yeor
<u> </u>	(Type or print) SEX	Juli	_	Alberi IED NEVER MARRIEI		Colbert DATE OF BIRTH	DEATH		IF JNDER 1 YE	AR IF UND	
	emale	White	WIDOWE			2/18/188		73 yrs.	Manths Doy		
	Housewi	IION (Give kind of work or orking life, even if refired)	lone IUb.	Own Home		Pennsyl		untry)	12.CITIZEN	· S.	
13.	FATHER'S NAME	Clarence	Slir	op ev		14. MOTHER'S MAIDEN		tz			
15. (Y)	WAS DECEASED EV	/ER IN U. S. ARMED FORG	ES? 16.			llegany Co	ox 599	Addre	"Cumb		nd, M
	1	g the under-	11.	e for (a), (b), and (c)]	S, C	Je compe	usal	14		NTERVAL 8	ETWEEN) DEATH
L CERTIFICATION	20a. ACCIDENT V	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)				NOT RELATED TO THE TER			N IN PART 1(o	PERF	AUTOPSY ORMED?
MEDICAL	20c. TIME OF INJU Hour o. m p. m	10	20d. IN While at work	Not while	20e. PLA foct	CE OF INJURY (Home, fo ory, street, office bldg., e	rm, 20f. (City	ar town)	(Coun	(y)	(Stole)
	21. I certify the sow the dece 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		6177	ed the deceased 1 2,6:30nd		ATTENDING PHYS. 22d. ADDRESS	MED DIRECTOR X	STAFF PHYS	an the do	1/6/	26. DATE SIGNED
L	BUR AL, CREMAT REMOVAL (Specif BUTIAL	Nov. 8,	f 196]		_	crematory emetery	23d. LOCATI	idaysbui	county)	(Sto	ote)
24.	James	rs signature F. Scarpe]	li.	Cumberla	nd.		C'D BY REGISTE NOV 9 16	14	TRAR'S SIGNA		



STREET, BALTIMORE 1, MARYLAND 12072 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, if Institution, Residence before admission) a COUNTY Allegany Marvland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside corporete limits, write RURAL and giva neerest town) c. LENGTH OF STAY IN 1b write RURAL and giva nearest town) Frestburg Midland d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? Miners Hospital YES NO. 3 NAME OF 4 DATE Middle Month 1000 (Type or print) DEATH /25 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF JNDER TYEAR 8. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Days Hours | Min. Female WIDOWED D. YORCED 10a. USUAL OCCUPATION (Giva Kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Clerk Store Vale Su mmit, MD. 13. FATHER'S NAME Britt Buckalew Mary Hansel 15. WAS DECEASED EVER IN J S ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (Hyesgive war or dates of sarvice) Harry Colmer Midland, MARYAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (e) (b), and (c) (Husband) ONSET AND DEATH PART I DEATH WAS CAUSED BY. 3 mos IMMEDIATE CAUSE (a) heart duesse with initial stenosis 8 years gava rise to immadiata causa DUE TO (a), stating the undarlying PART . OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN N PART (1a) 19. WAS AUTOPSY PERFORMED? 20% ACC DEAT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itag 18.) HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f (City or town) (County) factory, straet, office bldg., etc.) Whila Not While Hour a.m. al work at work une 1961, to Man 25, 196(., that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from... Mco. 25 1961, and that death occurred at 1,0 M, from the causes and on the date stated above. saw the deceased alive on... 22a, SIGNATURI ATTENDING STAFF DIRECTOR PHYS. PHYS.

VR A15 (4)

certificate ha

80

fumeral shoutd

#2°

by th

filled in Pages 1

compretely

and cor

Гетом

23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)

GEORGE EICHHORN

22c. PHYSICIAN'S

Rurial

24 FUNERAL DIRECTOR'S SIGNATURE

Vale Summit Cemetery ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

LONACONING

22d. ADDRESS

25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

Yaar

(Stata)

22b. DATE

SIGNED

LONACON ING. MD.

circher S. Krous

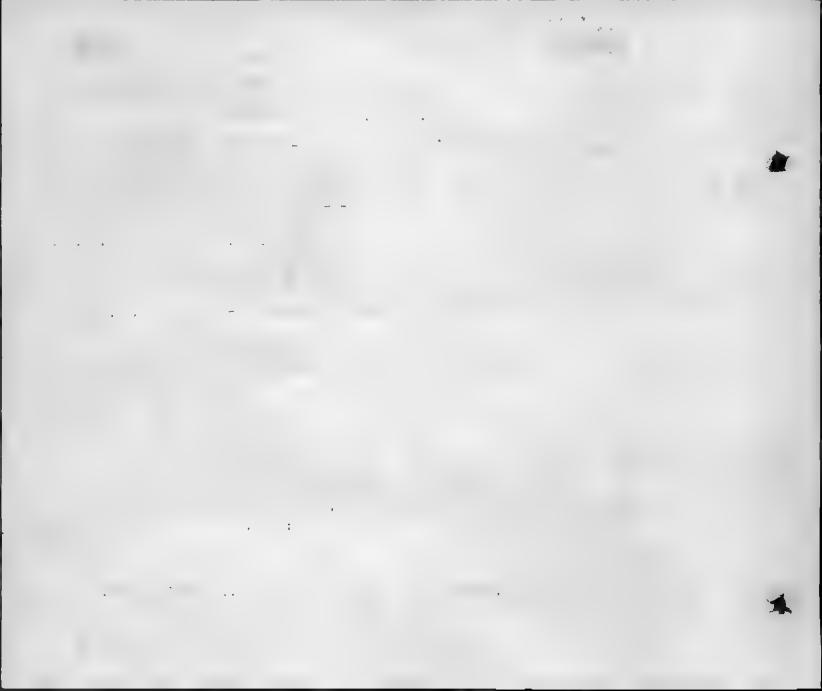
23d LOCATION (City, fown or county)

Vale Summit, ND.



RYLAND STATE DEPARTMENT OF HEALTH

2060232 XV3



TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceasad livad, If institution: Rasidanca before admiss on) a. COUNTY **b.** COUNTY the id 2 Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cumberland month Cumber Land d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Lilliams Street 362 Williams 3. NAME OF Freet M ddle 4. DATE DECEASED (Type or print) DEATH Abel Nov. Conner 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED TY DIVORCED June 19. physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUS, NESS OR INDUSTRY 11, BIRTHPLACE (County & State, or forage country) I 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Kingwood, W. Coal Inqustry Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please altending Elizabeth E. Burns Michael Conner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no, or unkown) | (Ifyasgiyawarordatesofservice) Mrs. F. De Sales King, Cumberland, Md. 18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gava risa to immediata causa DUE TO (a), stating the undarlying PART I. OTHER SIGNIFICANT CONDITIONS CONF BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a); 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert or Pert II of itam 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF NUJRY (Home, farm, 20f. (City or town) (County) factory, street, office bldg , atc.) While Not Whila at work 104 (0 102 11 /1 , 19 (ihat (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from..... saw the deceased alive on... 22a. SIGNATURE MED. STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) 236 Virginia Ave., Cumberland? 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Ground Cemetery Near Tunnelton, W. Va. Camp 0 $Buria oldsymbol{\perp}$ 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

James F. Scar, elli, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Allegany

USA

arthur S. Kraus

a. IS RESIDENCE ON A FARM?

YES NO 3

19

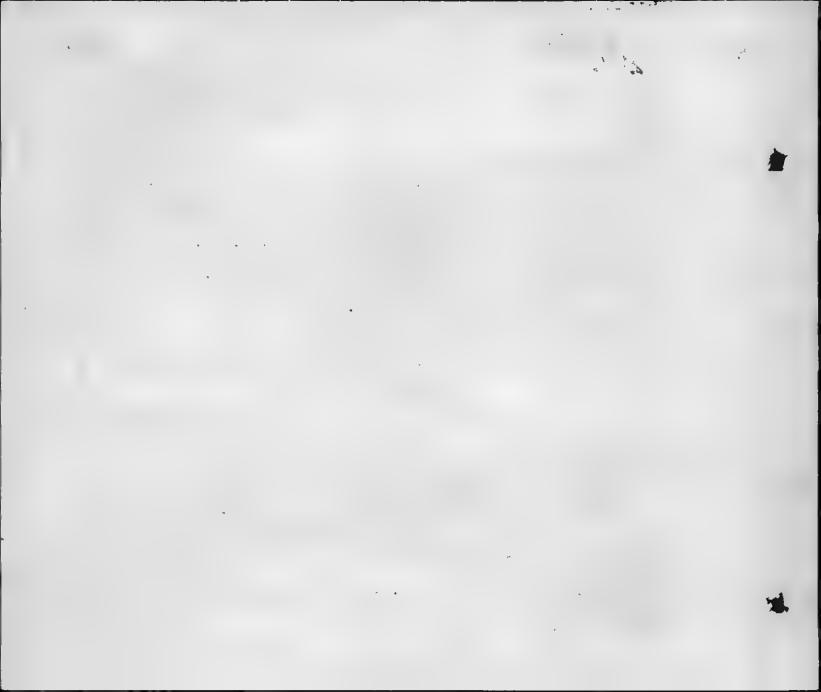
ONSET AND DEATH

PERFORMED? NO -

(Slata)

IF LINDER 24 HRS.

VR A15 (4) 15M 9/60



FOR STATE HEALTH DEPT. TO I CITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If colety is necessary, measted executed IN certifically writing the world "penalting" in penalt in from 18. Give Pages 1, 2, and 3 to the careful director. Page 4 absult be forwarded to the Charl Madical Emaniner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4.00% MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.0069

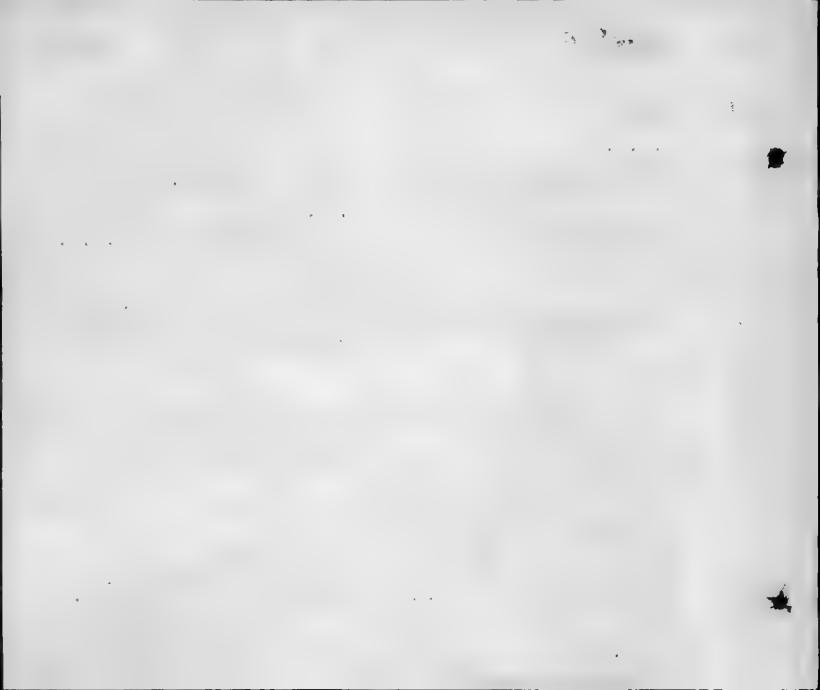
- IZII (i) MEDICAL EXAMINER	CERTIFICATE OF DEATH	2004
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved, If institution, Re	sidence before admission)
Allegany MARYLAND	o. STATE W. Va. Mi	neral
b. CITY OR TOWN (if oulside corporata limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Cumberland,	Rt. # l_Ridgeley	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	IS RESIDENCE ON A FARM?
Memorial Hosp.	Short Gap.	YES X NO
3. NAME OF First Middle	Last 4. DATE Month	Dey Year
(Type or print) Nennie Effie	Culp OF NOV.	1, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1's last birthday) Months D	EAR IF UNDER 24 HRS.
Female White widowed [X] DIVORCED []	Aug. 8, 1880 81 yrs. Months D	eys Hours Min.
10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
Farmer Farm owner		U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Tucker	Susan Schell	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgiva warordelas of servica)	INFORMANT Address	
No. 232-54-4606 Mr.	Dick Pownall Rt. # 1 Ridge	eley, W. Va
IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	•	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: ,IMMEDIATE CAUSE (6) COronary occl	usion_	10-12 hrs.
DUE TO	•	
Conditions, if any, which (b) Coronary scle	erosis	
geve rise to immediate cause (a), stating the undarlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		PERFORMED? YES NO Y
200 EXTERNAL CALISE WAS 200 DESCRIBE HOW INTERPLOYED	Enter nature of injury in Pert I or Pert II of Item 18.)	
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.		
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 1 200. PL/	ACE OF INJURY (Home, farm, 1 20f. (City or town) (Count	(State)
Hour a.m. While Not While fec	tory, street, offica bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
		1.
21. I certify that I took charge of the remains described above, he		and in my opinion
death resulted from: Natural causes . Accident . Suid		11/1/1
B 1:1. 10-+ 1	, CHIEF MEDICAL EXAMINER	11/1/61
SIGNATURE Develout Skilarelie		DATE SIGNED
EXAMINER'S Benedict Skitarelic M.D.	Address (Street, city, tawn, or county) Rt . # 9	Cumb. Md.
228. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY O		(State)
REMOVAL (Specify)	4 6	,
Burial 11/4/61 Queens Poin	It Cem. Keyser, W. Va.	SNAT1IDF
H. Wayne George Cumberland, Md.	DATE NOV 3 '61 Cithur &	Trans



LAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased hyad, if institution, Rasidance before admission) delay is necessary, neral director, Page ned for your files. a. COUNTY b. COUNTY Allegany
b. C.TY OR TOWN (If outside corporate limits, Maryland Allegany MARYLAND c. LENGTH OF STAY IN 16 C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lonaconing
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Lonaconing d. STREET ADDRESS e. IS RESIDENCE ON A FARM? und be executed within 24 hours after death. If the feel in pencil in Item 18. Give Pages 1, 2, and 3 to the characteristics along with form PM3. Page 5 may be retained purial-transit permit. File pages 1 and 2 with the State B oval, and in any greath within 72 hours after death. Knapps Meadow Knapps Meadow YES NO T 3. NAME OF 4. DATE Middla Month Yaai DECEASED OF HENRY (Typa or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 70yrs. Months Days Hours 6/8/1891 Male WIDOWED [10a, USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Retired Coal Miner U.S.A. Lonaconing. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Barbara Cutter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no or unkown) (Ifyasg.vewarordatasofservica)
Yes World War # 1 Mrs. Minnie Cutter, Lonaconing, Office along with burial-transit permi 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)... INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gava risa to immediata causa "pending" DUE TO (a), stating the underlying SB Medical Examiner Ö nseq cremation, PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTORSY CERTIFICATION PERFORMED? 28 e word NO plnous 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of Item 18.) PRIMARY | or CONTRIBUTING | burial, xecute the certificate, writing th CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 CAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 2Df. (City or town) Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry \ Inspection and in my opinion Accident [Suicide Undetermined manner death resulted from-Natural causes XI Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for **FUNERAL** 1 SIGNATURE **EXAMINER'S** NAME (Typa) should Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION. DATE THEREOF REMOVAL (Specify) 1961 Old Conev Lonafoning, Cemetery Burial 40 ā ADDRESS 24a. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME GEORGE EICHHORN LONACONING, arthur S. Kraus 5M 7/59 161 WD. DATE NOV 6



1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	19177 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12064
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, If institution. Residence before admission)
Page les.	BEDFORD Allegany MARYLAND PENNSYLVANIE BEDFORD
	b. CITY OR TOWN (if outside corporate firmits, write RURAL and give nearest fown) write RURAL and give nearest fown? c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown)
M	HYNDMAN Cumbuland LIFETIME HYNDMAN*near Cumberland, Maryland
Pos Boar	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stree, address) d. STREET ADDRESS d. STREET ADDRESS ON A FARM?
sined state ath.	D. O. A. Memorial Hospital Cumberland, Maryland VES NO X
書書	DECEASED (Type or print) DENNIS LEE DARROW DEATH NOV. 11 19 61
death. d 3 to lay be with i	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
fter de 2, and 5 may id 2 w hours	Male White WIDOWED DIVORCED Sept. 27. 1961 last birthday) Months Days Hours Min.
s after 1, 2, 1, 2, 3, 2, 3, 3, 3, 3, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CIT.ZEN OF WHAT COUNTRY?
hour hour hour hour hour hour hour hour	None None Cumberland, Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Pw Pw	DALE DARROW NANCY MOWRY
15 00 00 15 00 00 00 00 00 00 00 00 00 00 00 00 00	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
ern 18 vith f vith f sermit	No HOSPITAL Cumberland, Maryland
	18. CAUSE OF DEATH [friar only one cause per lina for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: ONSET AND DEATH
e exection of the state of the	PART I. DEATH WAS CAUSED BY. LOBAR PNEUMONIA, Bilateral Several Days
Ild ber in it is i	DUE TO
should ng" in p	Gonditions, if eny, which (b) gave rise to immediate cause
dir dir	(a), stating the underlying DUE TO cause lest.
ertifica "pen Examin used	
his consideration with the consideration with	PART II OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X NO
ER: Tight of Medials of Should rials of	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part I, of item 18.)
MIN ritin Chie ge 3 ge 3	Z 20c. TIME OF INJURY Month, Day, Yaar Hour a.m. 20d. INJURY OCCURRED And While States And While States And While States And States
K. Value of the lor to	Hour s.m. While Not While factory, street, office bldg., etc.)
rifficat Ed to CCTOP	21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. and in my opinion
DICAI ne certif varded IRECT agent,	death resulted from. Natural causes X. Accident, Suicide, Homicide, Undetermined manner
A SUP	ACTUAL SIGNATURE Benedicat States And ASSISTANT MEDICAL EXAMINER DATE SIGNED
OTY I execute ld be fall lERAL emignet	EXAMINER'S SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER IX NOVEMBER 11, 1961
sase ex should FUNE	NAME (Type) BENEDICT SKITARELIC, M.D Address (Street, city, town, or county) Cumberland, Md.
of its	KEMOTAL (Specify)
H H	Burial 11/14/61 Frostburg Memorial Park Frostburg Maryland ADDRESS Memorial Park Frostburg Maryland ADDRESS FROSTBURG MARYLAND ADDRESS MARYLAN
VS. A15ME SM 9,60	John J. Hafer Cumberland, Maryland DATE NOV 16'61 Called & France
117	2060 1 XV4



TATISTICAL RESEARCH AND RECORDS. TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) e. COUNTY e. STATE **b.** COUNTY ALLEGANY by the fand 2 seath. MARYLAND ALLEGANY b. CITY OR TOWN ('f outside corporete limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparete limits, write RURAL end give neerest town) rite RURAL and give nearest town)
CUMBERLAND ry filled in b s. Pages 1 a lours after d Weeks FROSTBURG. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? MARYLAND AVENUE WASHINGTON YES NO 3. NAME OF DATE Month DECEASED OF comple MARY DEATH 19 61 (Type or print) DAVIS NOVEMBER 6 COLOR OR RACE | 7. MARRIED | NEVER MARRIED IF UNDER 24 HRS. 5. SEX AGE (In years | IF UNDER 1 YEAR last birthdey) Months Hours FEMALE WIDOWED TX DIVORCED 100. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Own Housework Housewife USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding MAGDELENA WEISENHETMER attend 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werordetesofservice) ST., F'BG. MD. JOHN C. DAVIS, WASHINGTON 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (+) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUF TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW NIJRY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH EDICAL 20d. INJURY OCCURRED. 20e PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stele) 2De. TIME OF INJURY Month, Dey, Yeer Not While fectory, street, office bldg., etc.) While Hour a.m. let work et work 21. I certify that (1) (this hespital) ettended the deceased from. - 19.6. (that (I) (we) last saw the deceased 22b. DATE 22e. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN 5 NAME {Type} CENTRE ST.. director, I 23d, LOCATION (City, town or county) (State) 23e. BUR AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) MD. ZION CHURCH FROSTBURG. BURIAL 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR'S VR A15 (4) aritur S. Kraus FROSTBURG, MD. DATE NOV 8

MARYLAND STATE DEPARTMENT OF HEALTH

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY Page ALLEGANY is necessary MARYLAND b. CITY OR TOWN (if outside corporeta limits c. LENGTH OF STAY IN 16 director. write RURAL and give neerest town) CUMBERLAND TITER **XXXXXXXXXXXXXXXX** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) jo d. STREET ADDRESS be retained ate DOA MEMORIAL HOSPITAL PEARRE AVE. Middle DATE Month DECEASED OF ould be executed within 24 hours after death. If of the pancil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be rel burial-transit permit. File pages 1 and 2 with the noval, and in any event within 72 hours after d (Type or print) DEATH MAY DEET2 NOV. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH NEVER MARRIED last birthday) WIDOWED DIVORCED **FEMALE** WHITTE SPET. Vrs. 10a. USUAL OCCUPAT ON (Giva kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore gn country) done during most of working life, even if retired) HOUSEWIFE OWN HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME PETER BRANT LAURA STEIN 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewerordetesofservice) This certificate should be executed MRS. RUSSELL HOFF 18. CAUSE OF DEATH [Enter on y one cause per I ne for (a), (b), end (c).] PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (a) ... removal, DUE TO Conditions, if any, which CORONARY SCLEROSTS d "pending" Examiner's C se used as a b gave rise to immediate cause **DUE TO** (a), stating the undarlying ould be used a CERTIFICATION Medical Ex should be u the word 20a, EXTERNAL CAUSE WAS 2Db, DESCRIBE HOW INJURY OCCURED, (Entar nature of Injury in Pert I or Part II of tem 18) PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 should accompled accompled beauty, prior to burials. CAUSE OF DEATH. 2Dd, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 2Df. (City or lown) factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X Accident Suicide death resulted from. Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, c'ty, town, or county) Cumberland, Md. KITARELIC M. D. RENEDICT S 22a, BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Spacify) ក 40 DEC. 2,1961 BURTAL ZION MEMORIAL BURIAL PARK CUMBERTAND. 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME BYRON KIGHT CUMBERLAND, MD. Crimos & Thomas DATENOV 3 0 '61

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, DALTIMORE 1. MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) **b. COUNTY** c. CITY OR TOWN (If outside corporata I mits, write RURAL and give nearest town) CHMBERLAND AGE (In years HF UNDER 1 YEAR Months 12. CITIZEN OF WHAT COUNTRY? CUMBERLAND, MD. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY Inquiry X Undetermined manner November 29, 1961

ALLEGANY

Days

USA

. IS RESIDENCE ON A FARM?

YES NO T

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO X

(Stata)

SUDDEN

YES

and in my opinion

DATE SIGNED

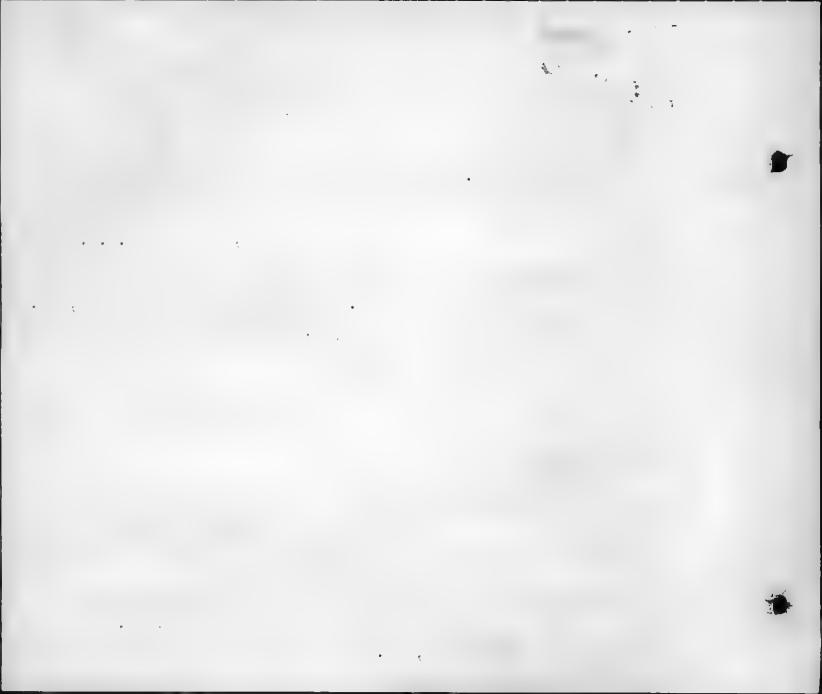
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T	ma	2	Ö	the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after fash	
🛁 TO HOSRITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hgurs after death. Page 4	may enouned by the haspital ar attending physician.	35 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,			
VR	A	IS	(4)		
15	M	9/	59		

	THUCH				OI DEATH					
t.	PLACE OF DEATH			2	USUAL RESIDENCE (WI	nere deceased lived		Residence befo	re admission)	
	Allegany		MARYLAN	10	Maryland b. COUNTY Allegany					
_	b. CITY OR TOWN (If outside corporate limits,	write c. LEN	OTH OF STAY IN		c. CITY OR TOWN (If o		nits, write RURA	AL and give ne	prest town)	
	RURAL and give nearest town) Lonaconing			\parallel \times	Lonaconi	ng				
	d. NAME OF HOSPITAL (If not in haspital, give	s street address)			d. STREET ADDRESS			1	e. IS RESIDENCE	
	Knapps Meadow				Knapps	Meadow			ON A FARM? YES NO &	
3.	NAME OF First		Middle		Lost	4. DATE	Month	De	y Year	
	(Type or print) HENRY	L.	DUC	CKWC	RTH	DEATH 11	/22/19	961	19	
5.	SEX 6. COLOR OR RACE 7	MARRIED I	VEVER MARRIED [B. D	ATE OF BIRTH	9. AG	E (In years IF		IF UNDER 24 HRS	
	Male White v	VIDOWED 1	DIVORCED] 5/	31/1874	8	birthday) N	ionths Doys	Hours Min.	
10c	. USUAL OCCUPATION (Give kind of work do	ne 10b. KIND O	F BUSINESS OR IN	NDUSTRY	11 BIRTHPLACE (State	or foreign country)		12. CITIZEN O	F WHAT COUNTRY?	
	during most of working life, even if retired) None				New Gern	any, MD.		U.S.	A.	
13.	FATHER'S NAME			1	MOTHER'S MAIDEN	VAME				
	Israel Duckwon	rth			Mary W	iland				
	WAS DECEASED EVER IN U. S. ARMED FORCE		SECURITY NO. 1	7, INFO	MANT		Address	,		
(7a	is no or unknown) [If yes, give wor or dates of servi	Nor	ne l	Mrs	. Joseph	Crawfor	d. Lor	naconi	ng. MD.	
	18. CAUSE OF DEATH Enter only one cous				(Daugh			INT	ERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:	A.t.	MALIA	MAN.	1 d' N ()	re hem	in		SET AND DEATH	
	IMMEDIATE CAUSE (6)	2 Chris	T	سيد		10000			70 70071	
	Canada and a second a second and a second and a second and a second and a second an) to	F . 0 . 2	(Tradiana.	AC 000	00 111	-	Marino.	
	gove rise to immediate	<u> </u>	SCOUCH	<u> </u>	UN GUESE	a cra	~~ <u>+11</u>		grecos	
	couse (a), stating the under-									
z	Part II. OTHER SIGNIFICANT CONDI	THOMS CONTRIR	HTING TO DEATH	BUT NO	I RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY	
CTIO	PARI N. OTREK SIGNINGANI COND.	HONS CONTRIB	OTHE TO DEATH	,001110	I KEDILED TO THE TERM	WAL DISLAGE CON	01101101161	11412011 (0)	PERFORMED?	
FICA	20 ACCIOCATIVA DI INTERIVACIO	OF DECCRIBE H	OW INTERPO	10050 /5	nter nature of injury in	Part Los Part II of	tem 19.1		TES LI NO KY	
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	VO. DESCRIBE IN	JW INJOKT OCCC	JRKED. (E	arer abrors or ratory in	ron tot ron n a	110111 10.7			
CAL	20c. TIME OF INJURY Month, Doy, Year	20d. INJURY C			OF INJURY (Home, form, street, office bldg., etc.		wn)	(County	(Stote)	
MEDICAL	Hour a.m, p. m.		at while work	^	, sineer, diffice didg., eld	"				
_	21. 1 certify that (1) (this haspital).	ottended the	decensed fro	m Jee	ly 2 10	S6 hum	. 22	1961	hat (1) (we) lost	
	saw the deceased alive on				h accurred at				e stated above.	
	220 SIGNATURE		0						22b DATE	
	Thomas I	The	\sim (\sim	M.D	ATTENDING M	IED. ST.	YS.		11.24.61	
	22c PHYSICIAN'S	7			22d. ADDRESS					
	NAME (Type) L. R. MILE	s, NB.	M.D.		LONAC	ONING	MI)		
23	BUR AL, CREMATION, 236 DATE THEREOF	23c N	IAME OF CEMETER	RY OR CI	REMATORY	23d LOCATION	City, town, or	county)	(State)	
	Buria Pecify 11/25/19		ak Hill			Lonaco		MD.		
24	FUNERAL DIRECTOR'S SIGNATURE	Al	DDRESS		25a. REC	D BY REGISTRAR		AR'S SIGNATE	JRE	
	GEORGE EICHHORN	LONACO	NING, M	D .		V 2 7 '61	F	0 21		



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, if institution; Residence before admission) e. COUNTY e. STATE MARYLAND **b.** COUNTY ALLEGANY **ALLEGA NY** MARYLAND 12 th b CITY OR TOWN (if outside corporate limits, P c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Write RURAL and give neerest town; **CUMBERLAND** DAYS **CUMBERLAND** d. NAME OF HOSP, TAL OR INSTITUTION (if not in hosp ta. a ve street eddress) e IS RES.DENCE d STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL YES NO K **SMALLWOOD** NAME OF Midd e Last 4. DATE DECEASED OF ded compi (Type or print) GERT RUDF ELLIGIT DEATH 19 61 NOVEMBER c 9. AGE (in years HE UNDER 1 YEAR" 5. SEX 6. COLOR OR RACE TO MARR ED NEVER MARRIED B DATE OF BIRTH IF UNDER 24 HRS. last birthday) Months Deys and Hours 10-9-1881 FEMALE WIDOWED X DIVORCED 10e. USLAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or fore an country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. PENNSYLVANIA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME GEORGE G. AHN ELIZABETH EREDERICK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give wer or dates of service) CUMBERLAND, MARYLAND MEMORIAL INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per lune for (e., (b), and (c) ... rol Hencer ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) **DUE TO** Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), steting the underlying cause last. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO 19. WAS AUTOPSY PERFORMED? NO TA 20b. DESCRIBE HOW INJURY OCCURED Temer nature of injury in Part for Pert il of stem 18) be retained by the CCTOR: After this (IF EITHER NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED. 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) 2Dc. TIME OF INJURY (County) Month, Day, Yeer factory, street, office bldg., etc.) Not While Hour am While et work at work DIRECTOR: 21. I certify that (I) (this boosit attended the deceased from. from the causes and on the date stated above. pluo .(a), and that death occured at.... saw the deceased alive on.... 22b. DATE 22a. SIGNATURE SIGNED ATIANDING STAFF PHYS. DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 122 S. CENTRE STREET, CUMBERLAND, MQ. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify) Memorial Park OI 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 DATE

RYLAND STATE DEPARTMENT OF HEALTH





DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAINVLAND CERTIFICATE OF DEATH funeral PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the fand 2 s death. ATT.FCHNY

b. CITY OR TOWN (if outside corporate limits, ALLEGANY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) filled in Pages 1 MT. SAVAGE. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO KK SACRED HOSPITAL papers 3. NAME OF First Middle Last 4. DATE Month Year DECEASED OF сошо (Typa or print) DEATH 26 19 61 PANIMON LAURENCE carbon Wift 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. B. DATE OF BIRTH pue last birthday) Months 185 MATE WIDOWEDT DIVORCED [physician Геттоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, avan if retired) PRESIDENT NAT'L BANK U.S.A. MARTLAND 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME please attending ELLEN CUNNINGHAM EDWARD FANNON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewarordatesofservica) physician. CHART 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral embolus immediate IMMEDIATE CAUSE (a) as the burial-transit DUE TO Auricular fibrillation 9 years DIRECTOR: After this certificate has been Conditions, if any, which (b) gava risa to immediate causa DUE TO (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 118), 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 Ruptured duodenal ulcer (surgery 11/4 Uremia: Myocardial fibrosis: YES 61. detached for use 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of tem 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20e, PLACE OF INJURY (Home, farm, (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While al work at work ЪΙ 161 (we) last 1961 61, and that death occurred a 9:39M. Arom the causes and on the date stated above should saw the deceased glive on.... 22a. SIGNATURE 22b, DATE SIGNED ATTENDING. MED. STAFF K DIRECTOR PHYS. PHYS. 22c. PHYSTETAN'S 22d. ADDRESS NAME (Type) PERSHING STRUM SAMUZDI 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 1 286 DATE THEREOF 23c. NAME OF CEMETERY/OR CREMATORY REMOVAL (Specify) 0 BURIAL 2Se. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAR DIRECTOR'S SIGNATURE VR A15 (4) Chrima S. Haya 15M 7 61

within 24 hours after

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the hospital

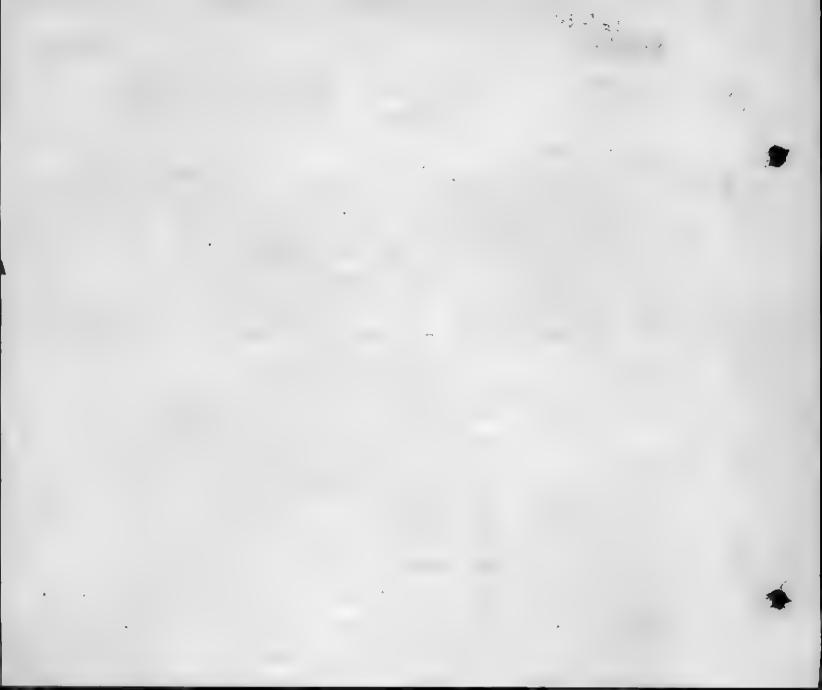
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STREET. BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If institution, Rasidence before ad aiss on a. COUNTY Allegany

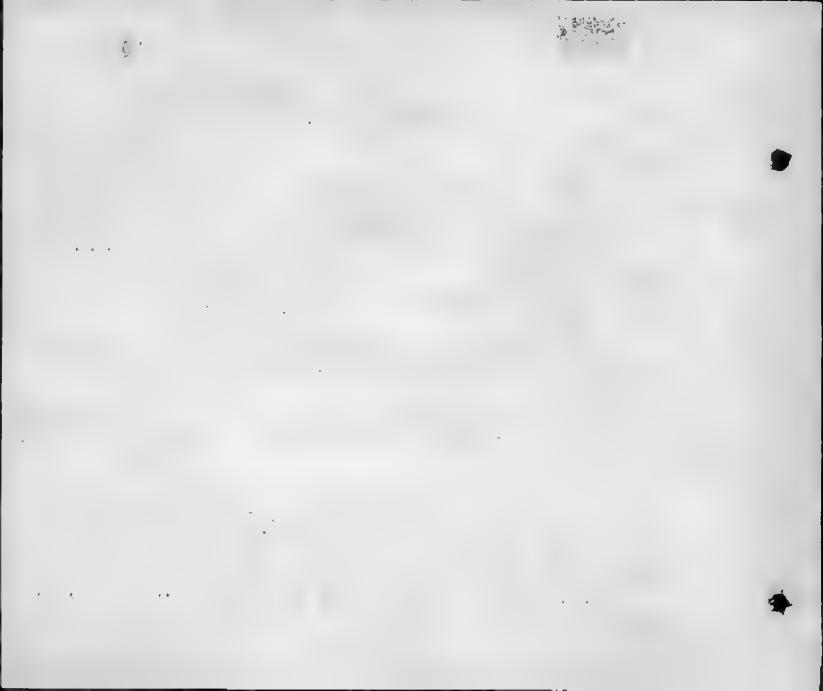
b. CITY OR TOWN (if outside corporata limits, legany c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Cumberland Lifetime 6 Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State E Memorial Hospital YES INO NO 439Grand 4. DATE Midd a DECEASED OF (Type or print) DEATH I8. 196I November FAYMAN 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months i WIDOWED [DIVORCED Jan. I. 10a, USUAL OCCUPATION (Give kind of work 10b. K.ND OF BUSINESS OR INDUSTRY II BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Railroad Cumberland, Md. Brakeman USA pages Harry R. Fayman Irene Stickle 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) (Ifyesgive war or dates of service) Mrs. Harry Fayman, Cumberland, Md. 19. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INTRA#ABDOMINAL HEMORRHAGE HOURS pencil IMMEDIATE CAUSE (a) certificate should be DUE TO RUPTURE OF ARTERIOSCLEROTIC Conditions, if any, which gava rise to immadiata cause ABDOMINAL ANEURYSM DUE TO (a), stating the undarlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 1 19. WAS AUTOPSY PERFORMED? g. NO F plnods 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CALISE OF DEATH. writing to Chief A Page 3 s 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, ; 20f. (City or town) the Chie R: Page factory, street, office bldg., etc.) While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Y. Inquiry 7 and in my opinion should be forwarded to FUNERAL DIRECTO its designated agent, Suicide Homicide Undetermined manner death resulted from-Natural causes Accident [CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER X November 18. 1961 BENEDICT SKITARELIC, M.D. Address (Street, city, fown, or county) Cumberland, Md. NAME (Typa) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 40 8 Nov.20.1961 Greenmount Cemetery Cumberland, Md. Burial 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. A15ME James F. Scarpelli, Cumberland, Md. DANOV 2 2 '61 uning & Thouse SM 9 60

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
dal a	12086 CERTIFICATE OF DEATH
funeral	I. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived, If institution in desidence before edmission e. STATE b. COUNTY
by the f	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)
affer	CTIMBERT AND 2 BAYS 1. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) 2 BAYS 3 STREET ADDRESS 6. IS RESIDENCE ON A FARM
papers. Papers 72 hours	3. NAME OF First Middle Last 4. DATE Month Dey Yeer
	DECEASED (Type or print) TAMES H PISHED DEATH 1941
. Y =	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR. lest birthdey) Months Days Hours Min.
o d d d d d d d d d d d d d d d d d d d	MALE WHITE WIDOWED TO DIVORCED 9/10/81 80 yrs.
nysicia emoveny ev	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR NDUSTRY 11, BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY OF WORKER Worker Wastermal. RR MDZ III.S.A.
da pura para para para para para para par	13. FATHER'S MAIDEN NAME
andir and	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.
atte Ther oval,	(Yes no or unkown) (If yes give were reference) 105-05-5609 Carl Fisher C. L. Mc.
y the mit. rem	18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
ysicil	IMMEDIATE CAUSE (a) Acute and Chronic Congestive Heart Failure with 3 weeks
g pf sign ansilian	anasarca and cerebral edema
adin seen ial-tr	Conditions, it eny, which governs to immediate cause (b)Arteriosclerotic and Hypertensive CVD Years
afte has the bur	(e), stating the underlying ceuse lest. (c)
al or sate l sate l o bu	PART II. OTHER SIGNIF CANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
hospit certific use a prior t	UD ACCIDENT WAS UNDERLYING
this the thing t	
After of Hea	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour e.m. While Not While factory, street, office bldg., atc.) p.m. 19 et work et work
DO R. O Be of	21. I certify that (I) (this hospital) attended the deceased from November 1,1961, to November 6, 19.61 that (I) (we) is
be Suld	saw the deceased a ive on November 6th 19.61., and that death occurred at 2:22 from the causes and on the date stated above
may DIR S shot	226. DATE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11-7-C SIGN 11-7-C SIGN
RAIL Page 4 vith th	22c PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
od.)	DR. W. DOERNER 1230. BURIAL CREMATION, 235. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stotel)
direction of the control of the cont	236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote) BURIAL (Specify) 11/9/6/ MJ. Jerman Cem. Cumberland M.
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60	James Allen Inc. (work: M/ DATE NOV 1 0 '61 Cuthung & thomas

MARYLAND STATE DEPARTMENT OF HEALTH



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2	papers.	aurs aft
	lease remave carban papers. Pages 1	n any event, within 72 haurs after
A Build	ase rema'	ly event, v
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

L	Z **			CERTIFI	CA	TE OF DEA	HTX			1	30	74	
1.	PLACE OF DEATH o. COUNTY	Allegany		MARY	AMI	2. USUAL RESIDEN	CE (Whe		lived. If instituti b. COUNTY	_	nce befo		sion)
	b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY II	N Ib	c. CITY OR TOW	/N [If ou	itside corpon	ote limits, write R	URAL and	give nec	rest tow	n)
	Cumbe			2/2/1958	3	22 Fr	ostl	burg,					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STREET ADDR							SIDENCE A FARM?
L	A	llegany C	ount	y Infirma	ıry	1 89	Bro	oadwa	y			YES [NO
3.	NAME OF DECEASED	Fir	st	Middle		Lost		4. DATE	Mor	ıth	Do	у	Yeor
	(Type or print)	Ire	ne	Α.		Footen		DEATH	Noveml	oer	7	,	1961
5	SEX	6. COLOR OR RACE	7. MARE	RIEL D NEVER MARRIEL	1	B. DATE OF BIRTH			9. AGE (In years lost birthday)				ER 24 HR
	Female	White	WIDOW	ED DIVORCED		Oct.23-	-188	39	72 yrs	Months	Days	Hours	Min.
10	 USUAL OCCUPATION during most of work None 	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	Frostb						S . A	COUNTRY
13.	FATHER'S NAME					14. MOTHER'S MA							
		Thomas F	oote	n		Catl	ler:	ine C	asev				
15 (Y		R IN J. S. ARMED FOR (H yas, give wor or dates of a None		social security no.		llegany (-			ress C W			
			use per lir	ne far (o), (b), and (c).]	11.	TTO BOATS	70 02	203 2	225 97 212003	J 16		ERVAL BE	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	My	ockaiti	5,	Chronie	., 4	egua	ezali	1. 20		ET AND	
	Conditions, if o	ny, which) (b	Me	Ntal Reta	IRC	Lation							
_	couse (a), stating lying cause lost.		(Civ	TRIEIGRA	I D	cherially,	LOY	VER E	TREMI	live			
CERTIFICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO 1H	ETERMIN	IAL DISEASE	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC	AUTOPSY DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of inj	ury in Po	ort I ar Port	II of item 1B.)				
EDICAM	20c. TIME OF INJUR Hour a.m.	Y Month, Day, Yes	20d. II While		20e. PL/ fac	ACE OF INJURY (Hom tary, street, affice bld	e, farm, lg., etc.)	20f. (City	or town)		(County)		(Stot

21 I certify that (I) (this haspital) attended the deceased from 2/2/1958 ... 19 ... to 11/7/61 ... 19 ... that (I) (we) last saw the deceased alive on 11/6/61 @91:00hd he Weath accurred at ____. M, from the couses and an the date stated above. 22a, SIGNATURE SIGNED ATTENDING PHYS MED. DIRECTOR M.D.

22d ADDRESS

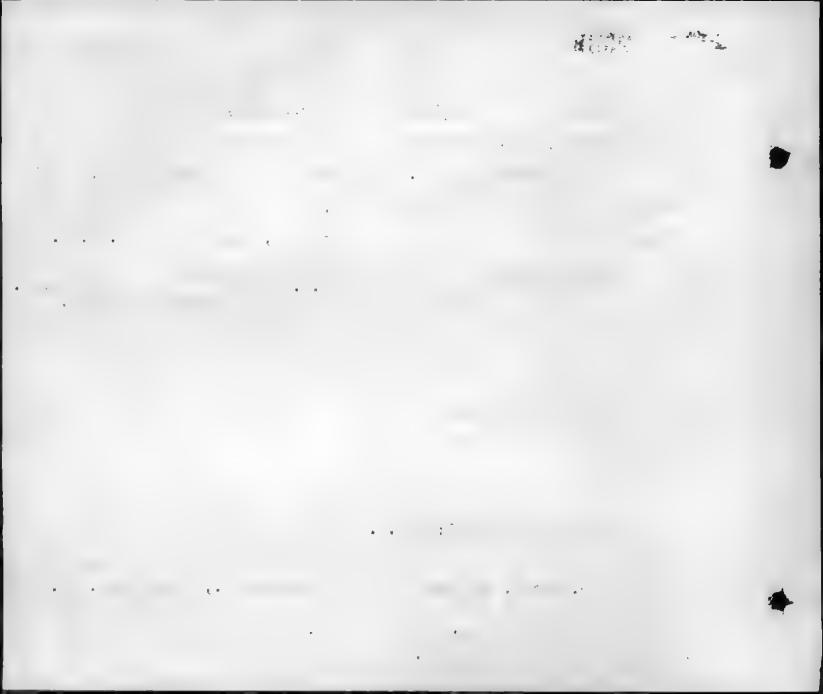
Md.

NAME (Type B. Mathews 49 Greene St., Cumberland, Md. Dr. Lee 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify)
Burial

St. Michael's Cemetery Frosthurg Funcional Home 250. REC'D BY REGISTRAR 255. RE 256. REGISTRAR'S SIGNATURE Frostburg, Md. DANOV 1 4 '61 arthur S. Kraus

VR A1S (4) 15M 9/59

22c PHYSICIAN'S



VR A15 [4]

15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH

CERTIFIC.

	TE OF DEATH	1, 1	MARYLAND	1	2075		
	2 USUAL RESIDENCE (Where de	cease	d lived If institution b COUNTY		Residence befo 11eganj		ian)
	c. CITY OR TOWN (If autside	corpo	orate limits, write RL	JRA	Land give ned	arest tawr)
_	d. STREET ADDRESS Latrobe St.					e. IS RES ON A YES	PARM?
	Last 4. D		Mont	h	Do	у	Year
		EATH	Nov.		4		1961.
1	8. DATE OF BIRTH April 20, 1882		9 AGE (In years last birthday) 79 yrs.		under 1 YEAR anths Days	Haurs	R 24 HRS. Min
Ų	STRY 11. BIRTHPLACE (State or for	eign c	auntry)		12. CITIZEN O	F WHAT (OUNTRY?
	Barton, Md.				U.S	.A.	
-	14. MOTHER'S MAIDEN NAME						
	Mary Ganno	n					
ı	NFORMANT		Addr	ess			
,	Agnes Gallagher-	Bar	ton, Md.				
)	roma of hu	∠n	95		INT	ERVAL BE	TWEEN DEATH
111	I NOT PELATED TO THE TERMINAL D	SFAS	E CONDITION GIV	FN:	IN PART 1(a)	19. WAS	AUTOPSY

PART I. DEATH WAS CAI	USED BY. E CAUSE (o)	Carcinoma of Lungs	1 Yest
163X	DUE TO		
Canditions, if any, which a	(b)		
cause (a), stating the under-	DUE TO		
lying cause last.	(c)		
PART II. OTHER SIGNIFIC	CANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPS PERFORMED?
			YES NO!

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20e. PLACE OF INJURY (Home, form, 20f. (City or town)

at work ot wark

factory, street, office bldg., etc.)

(County) (State)

eased from Ava. 1961. ta Nov. 4., 1961. that (1) (we) last and that death accurred at M, from the causes and an the date stated above. 2) I certify that (1) (this haspital) attended the deceased from. Aug. 22b, DATE

22d. ADDRESS

MED DIRECTOR

Barton

SIGNED

23c. NAME OF CEMETERY OR CREMATORY

Piedmont, W. Va. 23d LOCATION (City, town, or county)

(State) Md.

2Sq. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Westernport, Md.

DATE OF B

arthur S. Haus



TO HORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death fage 4 may be retained by the hospital or attending physician.

TO FURERAL DIRECTOR: After this certificate has been signed by the attending physician and completed illed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon page 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 cours after death. VR A15 (4) 15M 7/61

	DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMOTE 1, MARYLAND
N	12089 CERTIFICAT	TE OF DEATH 12076
/	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased leved, if institution, Residence before admission)
	ALI EGANY MARYLAND	MARYLAND 6. COUNTY ALLEGANY
	b. CITY OR TOWN life outside comparate limits a LENGTH OF STAY IN The	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	write RURAL end give nearest town)	12 CUMBERLAND
2	CUMBERT AND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
100		ON A FARM?
	SACRED HEART HOSPITAL 3. NAME OF First Middle	WINCHESTER ROAD VES NOTE Last 4. DATE Month Day Year
	DECEASED	OF
J		NSTEIN DEATH NOV 28 19 61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS, last birthday) Months Days Hours Min.
	MALE WHITE WIDOWED DIVORCED	4-17-1889 72 yrs. Manning 2013
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TY 11 BIRTHPLACE (County & Stelle or fore gn country) 12. CITIZEN OF WHAT COUNTRY!
	RET TRED DATRYMAN	MD. U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JULIUS GRABENSTEIN (D)	MARY MARTZ (D)
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	Addre Rt. #5, Cumberla
	(Tes, no, or unkown) (Ifyesgivewerordatesofservice)	
	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c),	I INTERVAL BETWEEN
		atio heat clineare ONSESTAND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIZE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	and the colors
	42010 DUE TO	acteroslerosis Comments
	Conditions, if any, which geve rise to immediate cause	minu
	(a), stating the underlying DUE TO	
	Cause lest. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
	3	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20d ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 2AUSE OF DEATH OF CONTRIBUTING 2AUSE OF DEATH OF CONTRIBUTING 3D CAUSE OF DEATH	(Enter nature of injury in Part I or Pert II of item 18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20c. PLA	CE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stota)
-	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20c. PLA	tory, street, office bldg., etc.)
		11-1- 1941, to 11-25 , 196/, that (I) (we) last
	11 70	
	saw the deceased alive on	death occured atM, from the causes and on the date stated above
	1 /h ~ ~	ATTENDING MED STAFF
	22c, PHYSICIAN'S	DIRECTOR PHYS. 1/-L9-6/
	NAME (Type)	57 GREENE STREET CUMBERLAND, MD.
	DR. L. ERINGS	
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
	Burial 12-1-61 St. Michaels	Cemetery Frostburg Maryland.
	24 FUNERAL DIRECTOR'S SIGNATURE HATOR FUNDERAL HOME	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	Leulah H. Mintesant 23 E. Main, Frostb	UPO Med DATE DEC 4 '61 Certing & trans
,		

MARYLAND STATE DEPARTMENT OF HEALTH



1	1-1			MARYL	AND S	TATE DEPART	IWE	NT OF HEAI	TH-BA	LTIMORE,	18		
A g	7		1285	1f) ME		LEXAMINE				DEATH	Reg. Diu	977	
Page 4 shauld by burial, crematian		1. P	LACE OF DEATH	·			-	2. USUAL RESIDENC	E (Where decea	sed lived. If Institu	tion: Residence L	pefore admi:	ssion)
45 B	1 x x	0	. COUNTY	Allegany		MARYL	AND	o. STATE	rvland	b. COUNT	Y Alle	egany	
Page burial,	(IVI)	b		If outside corporate limits, write	RURAL	c. LENGTH OF STAY II	4 1b			porote limits, write			
			Cumberla	· _		10 year	S	Cui	mberla:	n d			
ector. s. rior to	199			TAL OR INSTITUTION (H	nol in hos	pital, give street address		d. STREET ADDRES	\$\$			e, IS RE	SIDENCE A FARM?
5 % P	0 1 1	_ :	D.O.A. 1	Memorial H	lospi	tal		50	6 Boyd	Ave.			NO X
E E		3. 1	IAME OF	First	r	Middle		Lost	4. DATE OF	Monti	n Do	у Ү	ear
yar			Type or print)	Raymond		Hartley		ray	DEATH	No	v	5 1	961
in the second		5. S	EX	6. COLOR OR RACE	7. MARRIE	D 🔣 NEVER MARRIED	8.	DATE OF BIRTH 19	915	9. AGE (In yours lost birthday)	Months Days		ER 24 HRS Min.
Pod #			Male	White	WIDOWED	DIVORCED [ן כ	an. 3. 1/	914	11/46 yrs.	Months Days	Hours	min.
a 3 to		10a.	USUAL OCCUPATI	ON (Give kind of work d	lane 10b. K	IND OF BUSINESS OR II	IDUST	Y 11. BIRTHPLACE (S	tote or foreign e	country)	12. CITIZEN	OF WHAT	COUNTRY
be re		ľ	Cook		Но	spital		Keyser	. W. Va			USA	
12.5		13.	FATHER'S NAME					14. MOTHER'S MAIDE					
ages 1 ge 5 m poges	(\mathbf{I})	W	infield	Scott Gra	У			Bertie	Beall				
			WAS DECEASED EV	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. H	FORMANT		Address			
Give P			Yes	War III			Mo	S Raymo	nd Gra	y. Cumbe	erland.	d.	
NA3				ATH [Enter only one caus							IN OI	TERVAL BETWE	EN IH
TH Per Per			PART I, DEA	TH WAS CAUSED BY:	C	ORONARY O	CCI	USION			S	UDDE	N
asi for			420.1	DUE TO									
in Iter with fo			Conditions, if			CORONARY	SC	LEROSIS					
alang burial			gove rise to imme (a), stating the couse lost.										
nding" in 's Office used as a		ATION	PART II. OT	HER SIGNIFICANT COND	OITIONS CO	NTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TI	ERMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS / PERFO YES	AUTOPSY PRMED?
Pe Pe	0	CERTIFIC	20a. EXTERNAL CA PRIMARY [] or CO CAUSE OF DEATH	USE WAS 201	DESCRIBE	HOW INJURY OCCUR	ED. (E	ster nature of injury in	Port i or Port II	of item 18.)			
he word ical Exam 3 should		MEDICAL	20c. TIME OF INJU		20d. II White at war	Not while	PLA:	E OF INJURY (Home, ry, street, office bldg.,	form, 20f. (Cit elc.)	y or lown)	(County)		(Stole)
Medi Poge				hat I took charge			abo	re, held an Auto	opsy 🗆. I	nspection 📆	Inquiry D	C), and i	find the
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the Ch				0	. 1			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			ACTUAL SIGNATURE	Bearing	+11	tabelia	1	M.D. CHIEF MEDICA	L EXAMINER	1		DATE S	IGNED
ar to	: Yu		7			W. V. V. V. V.			DICAL EXAMIN	ER 🔲			
cute Certain Ed forward Ed	D D D D D D D D D D D D D D D D D D D		NAME (Type)			RELIC?, M		DEPUTY MEDIC	AL EXAMINER	Nov.	5, 196		
E STORY	5	220	BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THEREO		22c. NAME OF CEMETE				ITION (City, town,		(Slote	0)
5 5	1)	_	Burial	Nov. 8,1	L961	Sunset	eme			berland			
/S. A15ME(5	16.		FUNERAL DIRECTO			ADDRESS	* ~		REC'D BY REGIS		STRAR'S SIGNAT		
5M 9/55	1),	J	ames F.	Scarrell.i	ւ , Cu	mberland,	Mic	L. DATE	NOV 7 '	61 (· 1 d. Ti	M	

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, if Institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY nd 2 yearth. Allegany Allegany MARYLAND by th b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necest town) write RURAL and give nearest lown) filled in Pages 1 55 years Cumberland Cumber land d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Memorial Avenue YES NO X Memoria papers NAME OF DATE comple. DECEASED OF (Type or print) DEATH Ellen Grimm 196] Cora Novwithi carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and last birthday) Months June Female WIDOWED X DIVORCED | physician 10s. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife Own Home Armstrong Vallev. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending James Warfel Sarah Dietrich 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or dates of service) Cumberland, Md. None Miss Coretta Davis. 18. CAUSE OF DEATH [Enter only one cause per line for is), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY peudis IMMEDIATE CAUSE (a) certificate has been signer use as the burial-transit DUE TO attending geve rise to immediate cause **DUE TO** (e), sletting the underlying cause last. ò PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 19. WAS AUTOPSY CERTIFICATION use as PERFORMED? NO I 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) be retained by the h ECTOR: After this could be detached for OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED . 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) .County1 (State) factory, street, office bldg., etc.) While Not While Hour e.m. al work et work p.m. DIRECTOR: 21. | certify that (i) (this hospital) attended the deceased from that (i) (we) last should saw the deceased alive on, and that death occured at XAM, from the causes and on the date stated above. 22a SIGNATURE 22b. DATE 6 SIGNED ATTENDING STAFF PHY5. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) H. Eliason 203 Greene St., Cumberland Md. 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY REMOVAL (Specify) Ó Rose Hill Cemetery Cumberland. Md. Buria 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE James F. Scarrelli, Cumberland, Md.

RYLAND STATE DEPARTMENT OF MEALTH

VR A15 (4) 15M 7/61

24, 32.

MARYLAND STATE DEPARTMENT OF HEALTH F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased kived, If Institution; Residence before edmission) e. COUNTY b. COUNTY Allegany 4 2 d Allegany MARYLAND b. CITY OR TOWN (it outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN IL 40 years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 617 Elm St. YES NO DO papers. 3. NAME OF Middle DATE DECEASED OF compil DEATH (Type or print) Groves 19 61 Juanita Mae Nov. IF UNDER 24 HRS. 6. COLOR OR RACE, 7, MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) pue last birthday) Months WIDOWED Female DIVORCED nding physician a 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) done during most of working life, even if retired) Cumberland, Md. 13. FATHER'S NAME CLOTE Store Dairy 14. MOTHER'S MAIDEN NAME attending Callie H. Burns Ella Jones 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Vernon Groves, Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ,a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Port II of Item 18.) (County) 2Dd. WUURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bidg., etc.) While Not While Hour a.m. el work el work 10 N~ 2 19.6/, that (1) (we) last Nov 1 saw the deceased alive on...... 22b. DATE 22e. SIGNATURE 11-5-61 Cullon DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S Baltimore Ave. Cumberland, Md. NAME (Type) Brinsfield 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF REMOVAL (Specify) 0 1961 Sunset Memorial Park Cumberland, Buria REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Scarpelli, Cumberland, Md. Chilling S. Kraus 15M 7 61 DATE



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If institutions Residence before edmission) a. COUNTY MARYLAND Hedi Middle DECEASED COMPIE (Type or print) DEATH AGE IN Yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED last b'rthdey) Months | Devs WIDOWED [DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY? during most of working lyb, even if retired) 16. SOCIAL SECURITY NO.1 (lifyes give wer or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying couse lest. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY PERFORMED? wenther NO 1 (imphyse new 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED. 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or lown) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. DIRECTOR: 21. | certify that (I) (this hospital) ettended the deceased from....... 19 1, and that death occured a 2:04M, from the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22e. SIGNATURE MED ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) 23e, BURIAL, CREMATION, CREMATORY (Stete 0 25e. REC'D BY 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cartary S. Frank 15M 9/60 DATE NOV



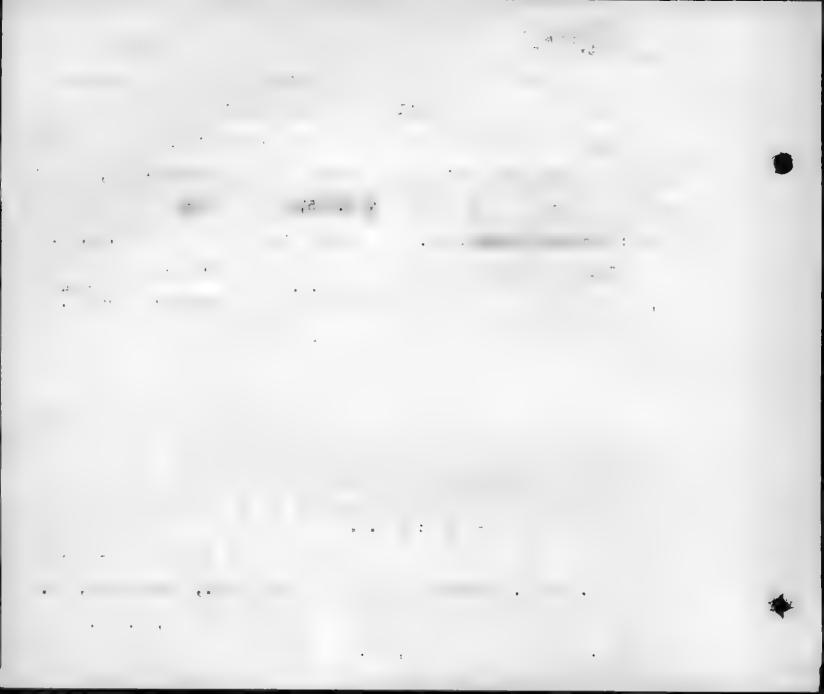
		MARYLAN	ND STATE	DEPARTA	MENT OF	HEALTH
4 6	10000	DIVISION OF STATISTIC	CAL RESEARCH	AND RECOR	DS — BALTIM	ORE 1, MARYLAN
1	11114	DIVISION OF STATISTIC	ERTIFIC	ATE OF	DEATH	

	1.4	2034		CERTII	FICA	TE OF D	EATH		150	2081	
1, 1	PLACE OF DEATH					2. USUAL RESI	DENCE (W	here deceased	lived. If institution b. COUNTY	: Residence bef	ore admission)
		Alloga		MAR'	YLAND	N	[ary]				gany
ŀ	CITY OR TOWN (If RURAL and give need	outside corporate ! grest town)	imits, write	c. LENGTH OF STAY					ote limits, write RUF	RAL ond give n	earest town)
	Cumber		l -ive street o	7/14/196	1	d STREET A		rland			e. IS RESIDENCE
	OR INSTITUTION	•							en 1 1.		ON A FARM? YES NOT
3 1	ATTO	gany Cou		n firmary Middle				4. DATE	Street		
1	DECEASED (Type or print)	Char	First	Willia		Heath		OF	Manth :Marth		Pay Year 19 61
S. 9	* * *			ED NEVER MARR		B. DATE OF BIRT			AGE (in years		R IF UNDER 24 HRS.
	Male	White	WIDOWE			Jan. 2	5.,10	869	10st birthday) 92 ars	Months Days	Hours Min.
10a	USUAL OCCUPATIO	N (Give kind of wo	rk done 10b. k	IND OF BUSINESS	J	, , ,	_		intry)	12 CITIZEN	OF WHAT COUNTRY
R	etired:			Bus Co.		West	Vir	ginia		U.	S. A.
	FATHER'S NAME					14. MOTHER'S					
		onathan							Orndorf		
	WAS DECEASED EVER	R IN U.S. ARMED F				FORMANT P.				"Cumbe	
_	No.			None		llegany	Cou	mty I	nfirmar,		
	1B. CAUSE OF DEAT	TH [Enter only one TH WAS CAUSED B'		o for (o), (b), and (c)	-]	5	V 802			10	TERVAL BETWEEN SET AND DEATH
	TAKI II. DEAI	IMMEDIATE CAUSE	(0) / 1/ J	FARGIL	5,0	12 G-R	2 12 6	CALL D	CHIE.		
	/ - 1	DUE				1					
	Conditions, if on gove rise to in	nmediate (trio-Sci	RN-0	018					
	couse (o), stating to lying cause lost.	he under-	(c)								
z		ER SIGNIFICANT C	1.1	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1(g)	19 WAS AUTOPSY PERFORMED?
CATIC											YES NO K
CERTIFICATION	20a ACCIDENT WA	S UNDERLYING	20b. DESC	RIBE HOW INJURY O	CCURRE). (Enter noture o	f injury in	Port I or Port	11 of item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINE	R)								
MEDICAL	20c. TIME OF INJURY Hour o. m.		While	JURY OCCURRED Not while		ACE OF INJURY (tory, street, offic			or town)	(Count	y) (Stote
WE	p m.	1	9 of work			- 701 77			/ // -		
	21 I certify that								11/4/61		that (I) (we) los
	sow the decease	ed alive on	11/3/6	1 1960 5 and	That	eath accurre	d at	_,M, from t	he couses and	on the do	te stated obove
	22a SIGNATURÉ	Or class	10117	1 7		M.D PHYS	G ar N	AED DIRECTOR	STAFF PHYS OL	7.7	SIGNET
	22c. PHYSICIAN'S	The Color	Leve	14		22d. ADDR		PIKECTOR LAS	PRIS LA		1/4/1961
	NAME (Type)	Dr. Lee	B. Ma	thews		49	Gre	ene S	t., Cumi	berlan	id, Md.
230	BURIAL, CREMATIO	N, 236 DATE THE		23c NAME OF CEA	AETERY O	R CREMATORY			ION (City, town, ar		(Stote)
	Buria T	11/6/6	61	Mount Ol	live	t		Moor	efield,	W. Va	l e
24.	FUNERAL DIRECTOR			ADDRESS	1	_	25a. REC	D BY REGISTR		RAR'S SIGNAT	URE
	Charles	L. Georg	ge Cu	ımberland	I, M	a.	DATE	NOV 7 '	61	hun & the	sould

DATE

- har & thouse

VR A15 (4) 1SM 9/59



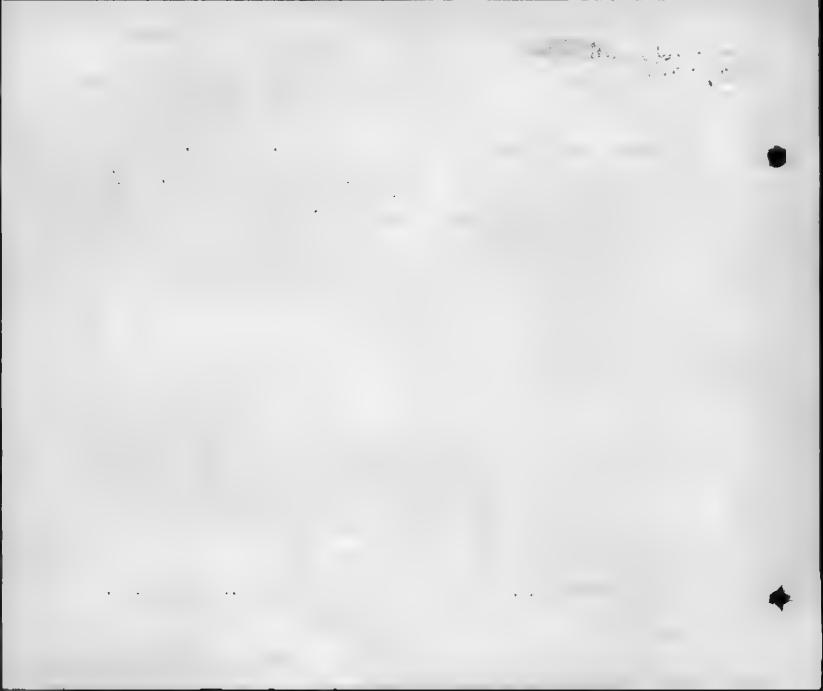
death tree 4 may be retained by the hospital or attending physician.

TO FULERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. within 14 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be mecuted death type 4 may be retained by the homeland or attached.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO 16-1, MARYLAND 12005 CERTIFICATE OF DEATH 12082

	=	A. 45 21.23 x	·				
М		PLACE OF DEATH		11	ESIDENCE (Where deca		es dence before edmission)
И		ALLEGANY	MARYLAND	e. STATE	MARYLA ND	b. COUNTY AT,L	EGANY
	- 1	. CITY OR TOWN (if outside corporete is		c. CITY OF	TOWN (If oulside corpore	ete I mits, write RURAL end	give neerest town)
		write RURAL end give neerest town	3 DAYS	J .2	CUMBERLAND		
	_	. NAME OF HOSPITAL OR INSTITUTION		d. STREET			Le. IS RESIDENCE
3	,	SACRED HEART HOS			O7 S. GEORGE	Citti	ON A FARM?
2	2	NAME OF FIT			4. DATE		Pay Yes NOXX
	1	DECEASED	rst Middle	Last	OF	Month	iii
		(Type or print) BO	D V.	HILLIA	2D DEATH	NOV.	5 19 6 1
	5.	SEX 6. COLOR OR RAC	TE 7. MARRIED NEVER MARRIED	8. DATE OF BIRT		AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS.
		MAIR WHITE		APRIL 7,	1907	54 yrs. Months [Days Hours Min.
	10e.	USUAL OCCUPATION (Give kind of we	ork 106. KIND OF BUSINESS OR INDUST	RY II. BIRTHPLA	CE (County & State, or for	re'gn country) 12. CITI	ZEN OF WHAT COUNTRY?
	dor	ie during most of working life, even if refi	(red)				
	10	TRUCK DRIVER	DRY CLEANERS		RGINIA	1	SA.
	13.	FATHER'S NAME		1 14. MOTHER'S	MAIDEN NAME		
V		ROSSER HILLIARD		(HATTIE VANCI	F }	
И	15.	WAS DECEASED EVER IN J.S. ARMED FO	DRCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	3
	(I -0:	NO (Ifyesgivewerordetesa	714-0C7546	PATIEN.	rs chart		
		18. CAUSE OF DEATH [Enter only or	ne ceuse per (ne for (e), (b), and (c).]				I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	at the second se	T. b.			ONSET AND DEATH
		IMMEDIATE CAUSE	of application	sunce			3 days.
		334 X DUETO	0				1.
		Conditions, if any, which	(b) Orteronleros	2			1 hear
		geve rise to immediate cause		- /			_
		(a), stelling the underlying DUE T	0				
			<u>c)</u>	_			
	No	PART II, OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERSORMED?
	AT						YES NO
	E E	200. ACCIDENT WAS UNDERLYING	206. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of	in ury in Part I or Part It of	f item 18.)	
	CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH					
	Ϋ́	20c. TIME OF INJURY Month, Day,		ACE OF INTURY (Home form. 206. (City o	r town) (Cour	nty) (Stete)
	MEDICAL	Hour e.m.	While Not While fac	lory, street, off ce		, , , , , , , , , , , , , , , , , , , ,	,
	×	p.m. 19	et work et work				
		21. I certify that (!) (this hosp	pital) attended the deceased from.	11-2-	, 19 <i>6/</i> , to	//- 5-, 19.	cl., that (I) (we) last
		saw the deceased alive on				the causes and on t	he date stated above.
		22e. SIGNATURE	0 4.1				22b. DATE
9		1 / m	nex HI	ATTENDIN PHYS.	MED.	STAFF PHYS.	11-10-INI
I		22c. PHYSICIAN'S	0	22d. ADD	RESS		
		LEWIS BRINGS, M	.D.		GREENE ST C	UMBERIAND, M	D.
	234	BURIAL, CREMATION, 236. DATE TH				ION (City, town or county	
		REMOVAL (Specify)					
	_	BURIAL NOV. 7,1	-/	CEMETERY		TESTER, VA.	LOUIS THE PLANT
	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		Z5a. REC'D BY REGISTRA	AR 256. RÉGISTRAR'S S	
;		BYRON KIGHT	CUMBERLAND, N	ID.	DATE NOV 8 161	Chelma S.	*Kraue



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY of Health, elay is necessary, eral director. Page a. STATE **L. COHNTY** Allegany Allegany MARYLAND Maryland b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporata limits, write RURAL and give nearest town) for your write RURAL and give nearest town) Cumberland 8 Years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street address) Cumberland Board d. STREET ADDRESS e. IS RESIDENCE ON A FARM? This certificate should be executed within 24 hours after death. If a word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the ward odical Examiner's Office along with form PM3, Page 5 may be relatined ould be used as a burial-transit permit. File pages 1 and 2 with the State 8 to an and a series and in any event within 72 hours after death. 103 Independence Street YES NO Y Independence Middle 4. DATE DECEASED OF (Typa or print) DEATH Clarence Earl Hook Sr. November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR hours last birthday) | Months | Hours WIDOWED [DIVORCED Male White 1900 10a. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Retired B&O R R Fireman | Naryland | U.S. A. John Hook Rebecca Warnick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Addrass (Yas, no, or unkown) (Ifyasgivewarordalesofservica) should be forwarded to the Chief Medical Examiner's Office along with FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permits designated agent, prior to burial, cremation, or removal, and in any Clarence E. Hook Jr. Cumberland Maryland 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSTS Conditions, if any, which gava rise to immediata causa DUETO (a), slating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NÖ 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part L or Part L of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH EXAMINER: 20c. T.ME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY [Home, farm, ' 20f. (City or lown) Month, Day, Year (County) factory, streat, office bldg., etc.) While Not While at work at work 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🛣 Inquiry X and in my opinion Suicide [death resulted from. Natural causes X Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER November 23, 1961 EXAMINER'S Benedict Skitarelic, M.D. Adda | 225. DATE THEREOF | 22c. NAME OF CEMETERY OR CREMATORY Address (Streat, city, town, or county) Cumberland, MD. NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) Á REMOVAL (Specify) ₽40 p Burial Hillcrest Burial Cumberland Maryland
24a. REC'D BY REGISTRAR 24b. REGISTRAR'S STONATURE 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 Ruth E. Silcox Cumberland Marvland PAREOV 2 7 '61 Cillar & K

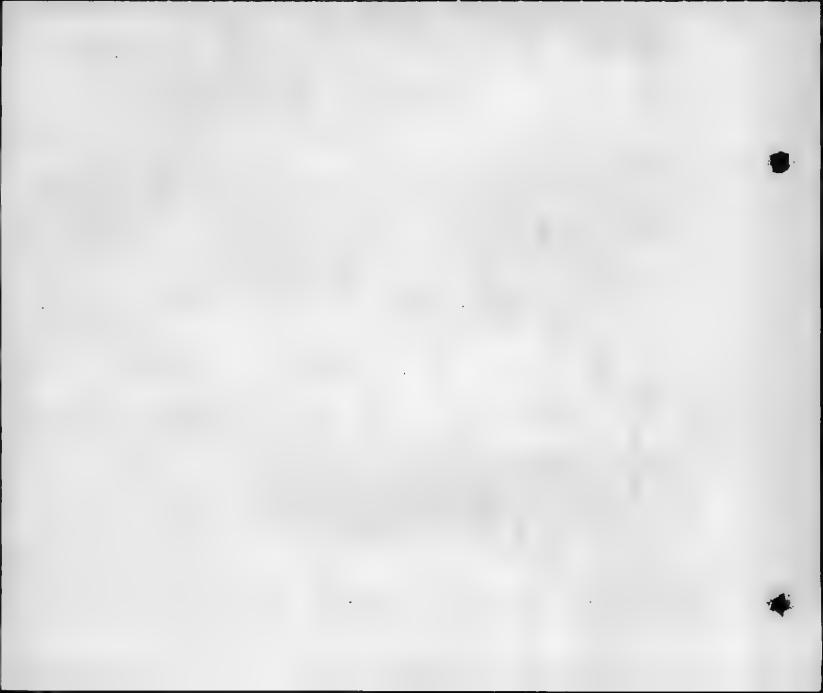
ARYLAND STATE DEPARTMENT OF HEALTH

Company of the second

o p	ig.
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed so certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funed streeter. Page 4 should be far, ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	remo
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Sory	rar prior to burial, or
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ID DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is recuelly case cartificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune direct far. I ded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you have	- 4
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TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary, please executed to could be certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 shauld be far, ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fies.	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation ar remaral.
VS. A15	ME(S)

5M 9/55

12897 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
12097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	K/Neo A
1. PLACE OF DEATH O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institutions Residence County)	/ · · · · · · · · · · · · · · · · · · ·
Allegany MARYLAND Maryland & COUNTY Alle	egany
b. CITY OR TOWN (If outside corporate limits, write BURAL ond and give nearest form) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
Cumberland 60 yrs. 0 Cumberland, Md.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Sacred Heart Hospital 225 Grand Ave.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle Land 4 DAYE About	Day Year
(Type or print) Floyd M. Hout DEATH NOV.	6 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER)	
fact brink days	Days Hours Min.
2 /	EN OF WHAT COUNTRY
	ISA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	11.763
Henry Hout Naomi Harmison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. 117. INFORMANT	
(16 yes, give wer or doles of service) 705-05-8166 Mrs. Joseph M. Dorsey, Cumber	land, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION	1 Hr.
440-1 DUE TO	
Conditions, if any, which) (b) CORONARY SCLEROSIS WITH THROWBOSIS	
gove rise to immediate couse ([o), stating the underlying DUE TO	
couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMEDS
	YES NO
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH.	
CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bidg., etc.) While Not while of work of work of work of work.	nly) (Stote)
Hour o. m. While Not while factory, street, office bldg., etc.)	
21. I certify that I taak charge of the remains described above, held an Autapsy [], Inspection [X], Inquiry	X, and find tha
death resulted from: Natural causes 🔀 Accident 🗍, Suicide 🗍. Homicide 🗍. Undetermined cause 🗍.	
death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause .	
ACTUAL BOURGE T SET TO STANDING TO	DATE SIGNED
ACTUAL Bessedict Sketarelie M.D. CHIEF MEDICAL EXAMINER -	DATE SIGNED
ACTUAL Bejiedict Skitarelie M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DATE SIGNED
ACTUAL SIGNATURE Benedict Skitarelic M.D. CHIEF MEDICAL EXAMINER NOV. 6, 19 EXAMINER'S NAME (Type) Dr. Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER NOV. 6, 19 220. BURIAL CREMATION 1226, DATE THEREOF 1226, NAME OF CEMETERY OR CREMATORY 1236, LOCATION (City, Name of COURTS)	
ACTUAL SIGNATURE Benedict Skitarelie M.D. CHIEF MEDICAL EXAMINER NOV. 6, 19 EXAMINER'S NAME (Type) Dr. Benedict Skitarelic, M.D. Deputy Medical Examiner Nov. 6, 19 120. BURIAL, CREMATION, 122b. DATE THEREOF 122c. NAME OF CEMETERY OR CREMATORY 122d. LOCATION (City, town, or county)	961
ACTUAL SIGNATURE Benedict Skitarelie M.D. CHIEF MEDICAL EXAMINER NOV. 6, 19 EXAMINER'S NAME (Type) Dr. Benedict Skitarelie, M.D. DEPUTY MEDICAL EXAMINER NOV. 6, 19 220. BURIAL CREMATION 1225. DATE THEREOF 1226. NAME OF CEMETERY OF CREMATORY 1236. SOCIATION (City Name of COURTS)	(Stole)



MARYLAND STATE DEPARTMENT OF HEALTH ZAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, \ARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY **b.** COUNTY Allegany Allegany MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. CITY OR TOWN (If outside corporate) mits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 16 65 yrs. Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 430 Homer Street Homer Street 3. NAME OF 4. DATE DECEASED OF (Type or print) DEATH Flizabeth Hovle Nov 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months DIVORCED | July WIDOWED T 9, Female 1896 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home Cumberland, Md. USA 13. FATHER'S NAME Katherine Kiffner John E 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ! (If yes give werordates of service) Mr. Howard Hoyle. Cumberland, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and ,c),, PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIF, CANT CONDIT ONS CONTRIBUTING TO DEATH BUT NOT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of from 18.) 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, (County) Month, Day, Year fectory, street, office bldg., etc.) Not While While Hour a.m. at work attended the deceased from.... 19, that (1) (we) last hospital), and that death occured at from the causes and on the date stated above. ATTENDING DIRECTOR PHYS. PHYS. (Type)

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Greenmount Cenetery

DATE

e. IS RESIDENCE ON A FARM? YES NO X

19 61

JF UNDER 24 HRS.

INTERVAL BETWEEN

PERFORMED?

NO

(State)

DATE

23d. LOCATION (City, lown or county)

Cumberland, Md.

arthur S. Kroug

25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

SIGNED

director be file 0 VR A15 (4) 15M 9/60

238. BURIAL, CREMATION, | 236. DATE THEREOF

James F. Scarpelli, Cumberland, Md.

24 FUNERAL DIRECTOR'S SIGNATURE

Pages filled

comple

physician

9

certifica

Affer

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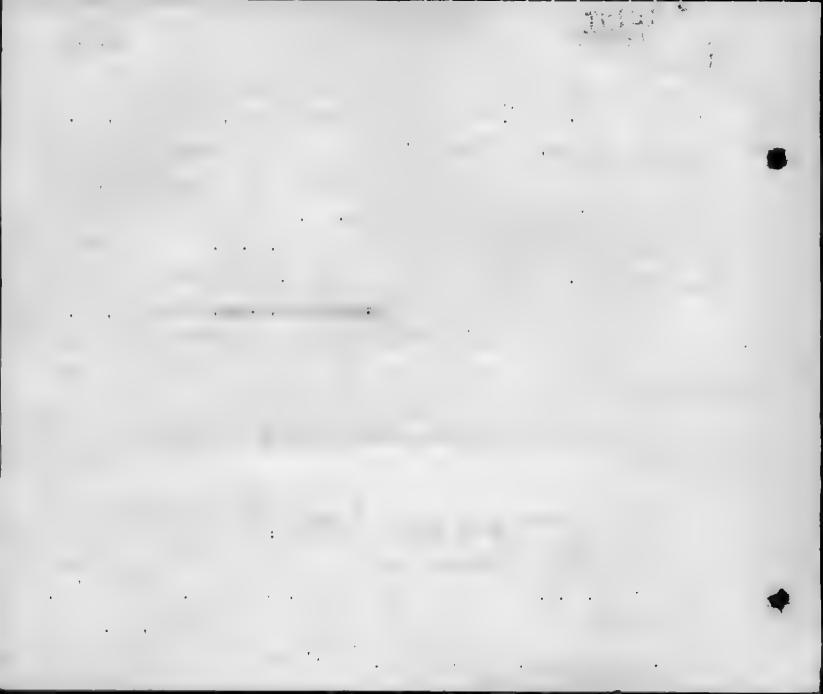
MARYLAND STATE DEPARTMENT OF HEALTH EMANSTATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If Institution, Residence before admission) Page a. COUNTY b. COUNTY Allegany files. Maryland Allegany MARYLAND OT TO b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. write RURAL and give nearest town) La Vale. La Vale. Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS e. IS RES DENCE era ON A FARM? 119 Park Ave. 119 Park YES NO X State Ave. NAME OF F.est Middle 4. DATE Month DECEASED OF STATEN with the ISAAC HOYLE rould be executed within 24 hours after death. If it pencil in frem 18. Give Pages 1, 2, and 3 to the Office along with form PM3, Page 5 may be reburial-transit permit. File pages 1 and 2 with the burial-transit permit. File pages 1 and 2 with the mayel. and in any event within 72 hours after converting the pages 1 and 2 with the man event within 72 hours after converting the pages 1 and 1 and 2 with the man event within 72 hours after converting the pages 1 and 1 and 2 with the man event within 72 hours after converting the pages 1 and 1 and 2 with the man event within 72 hours after converting the pages 1 and 2 with the man event within 1 and 2 within 1 an (Type or print) DEATH Nov. 61 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years HF UNDER 1 YEAR last birthday) | Months | Days 1888 Male WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if relired) & O. RWV. Berkley Springs. W. VAL U. S. A. Retired Carman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Hoyle Virginia M. Miller MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. AKMED TO AND (Yes, no, or unknown) (Hyss giva war or datas of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address La Vale. W.W.# 05-05-8549 Mrs. Lucy O. Hoyle 119 Park Ave., Yes. 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL BETWEEN SUDDEN PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSIS Conditions, if any, which (b) gava risa to immediate cause "pending" 10 DUE TO (a), stating the underlying SE xecute the certificate, writing the word "pending be forwarded to the Chief Medical Examiner" ď cause last. cremation, PART II, OTHER'S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X plnous 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS Page 3 ... burial, c PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X, and in my opinion Homicide Undetermined manner death resulted from: Natural causes X Accident Suicide CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. Nov. 10. 1961 DEPUTY MEDICAL EXAMINER X Benedict Skitarelic M.D. Cumberland NAME (Type) Address (Street, city, town, or county) Rt. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) 228. BURIAL, CREMATION, 226. DATE THEREOF REMOYAL (Specify) SS. Peter & Paul's Cumberland, Maryland Burial E40 ö 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS 23. FUNERAL DIRECTOR VS. AISME Charles L. George DATE NOV 1 3 '61 Cumberland. Md. arthur & Kraus 5M 7/59



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY e. STATE **b.** COUNTY Marvland Allegany by the land 2 s death. b. City OR TOWN (I outside corporete famils, MARYLAND c CITY OR TOWN (If outside corporate lim ts, write RURAL end give neerest town) c LENGTH OF STAY IN 16 write RURAL end give neeres Cumberland ling Green. Rowling Green, .= -Years Bowling Green, Cumberland, Md. Pages . IS RESIDENCE hiled d NAME OF HOSPITAL OR INSTITUTION (if not in hosp tal, give street address) d STREET ADDRESS ON A FARM? Bowling Green. Ave, YES NO Y Cumberland Bowling Avenue papers. n 72 hc 3. NAME OF Middle 4. DATE Last DECEASED OF сотр [Type or print] DEATH GOLDEN JONES LELA November AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH last birthdey) | Months and Davs Female White WIDOWED [DIVORCED Jan 10a. USUAL OCCUPATION (Give kind of work 12. CIT, ZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY 11 RIRTHP, ACE (County & State, or foreign country) гетоме done during most of working life, even if retired) USA Grafton, W.Va. House wife Own home Fren ples r 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME Marv E. Gelhausen Mortimer N. Utterback 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO 17. INFORMANT oval, [Yes, no, or unkown) | (Ifyes give wer or dates of service) Bowling Green Jone Sumberland, Md BETWEEN Mr. Theodore A. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), arrending physicia has been signed by burial-transit perm PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava risa to immediate cause OUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY 0 HYSICIAI

Ne hospital

is certificate NO 7 206. ACCIDENT WKS UNDERLY NG _ 206. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part I of I am 18.)
OR CONTRIBUTING _ CAUSE OF DEATH prior HE EITHER MOTIFY MEDICAL EXAMINER R. After thi (Stete) 20d. INJURY OCCURRED 20e PLACE OF NJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year lectory, street, office bldg., etc.) While Not While Hour n.m. et work at work TOR T., 19(0) that (I) (we) last -attended the deceased from. death occured at5...AM, from the causes and on the date stated above. DIRECT should saw the deceased alive on ATTENDING P DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Cumberland. NAME (Type) S. Centre St. Md. 23d. LOCATION (City, town or county) 23a. BUR.AL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Cumberland, Md. t Burial Park 0 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chillen S. Haus 15M 9/60 Wayne George. 202 Greene

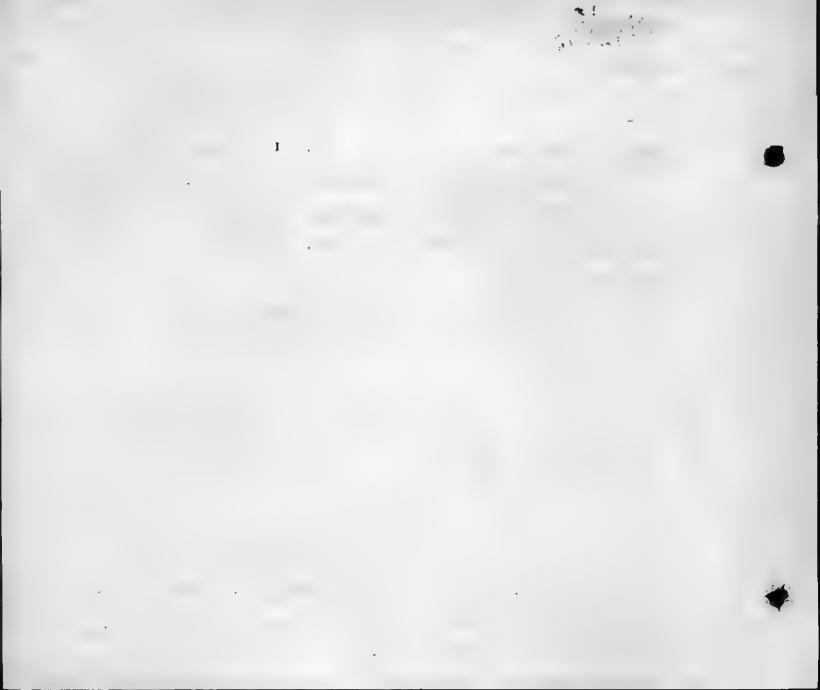


and complement filled in by the funerally carbon papers. Pages 1 and 2 hould in within 72 hours after death TO HTM ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death age 4 may be retained by the Cospital or attending Pasician. TO F TERAL DIRECTOR: After this certificate has been signed by the attending physician and composite filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after deafth.

VR A15 (4)~ 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DITISON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1208 12088

1. PLACE OF DEATH		2. USUAL RESIDENCE	Where decessed lived, If instituti	on: Residence before edmission)
. COALLEGANY		a. STATE DVI AND	b. COUNTY	HIECONY
b CITY OR TOWN (if outs de corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, write RURA	Lend give nearest lown)
CUMBERLAND	44 DAYS	RUBAL C	UMBERLAND	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	OHDENENIU	e. IS RESIDENCE
SACRED HEART HOSPITAL		RT. # L.	HOMEWOOD ADDTT	ON YES NO TO
3. NAME OF First	Middle	Lesi	. DATE Month	Day Year
(Type or print) JACOB WAT.	TER	KEARCHNER	DEATH NOV.	23 1961
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years I IF UN	DER 1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWED		JULY 30, 1890	last birthday) Mont	hs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	D OF BUSINESS OR INDUSTR		& State, or fore gn country) 12	CITIZEN OF WHAT COUNTRY!
	f Employed	PENNA. FA	IRHOPE	USA
13. FATHER'S NAME	<u> </u>	14. MOTHER'S MAIDEN NA	AME	
JOHN KEARCHNER (DECEASE	D)	FILEN	Shaugy	
15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. S. (Yes, no, or unknown) (Hyesgivewarardatesofservice)	OCIAL SECURITY NO. 17.	INFORMANT	Address	
No		PATIENTS CHART		
18. CAUSE OF DEATH [Enter only one cause per lin	e for (a), (b), end (ç).]	The same of the sa		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ance of the	esophagu	2	6 mv
50 A DUE TO	,			
Conditions, if any, which \ (b)				
gove rise to immediate cause (a), stating the underlying DUE TO				
cause last.				
PART I OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN	PART 1(a) 19, WAS AUTOPSY PERFORMED?
PART I OTHER SIGNIFICANT CONDITIONS CONT				YES NO
	RIBE HOW INJURY OCCURED	, Enter nature of injury in Par	rt I or Part II of Iam 18]	
101		CE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Stele)
Hour a.m. While at work				
21. I certify that (I) (this hospital) attend	ed the deceased from.		61, to 11-23-	
saw the deceased alive on//- 22-	- 19 6/, and that	death occured al 101	M, from the causes and o	on the date stated above.
220. SIGNATURE		ATTENDING, ME	D. STAFF	22b. DATE SIGNED
Kling / mins	N		ECTOR PHYS.	3101450
22c. PHYSICIAN'S NAME_(Type)		22d. ADDRESS		1.40
LEWIS BRINGS, MD.		57 GREENE	ST., CUMBERLAND), MU.
23a. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or c	ounty) (State)
Burial Nov. 26, 19	61 Oddfello			
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	HC.	BY REGISTRAR 25b, REGISTRA	
James F. Scarpelli, Cur	moertand, Md.	DATE	1 2 8 '61 arthu	7 L. Kraus



TO HUPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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	inj e	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I apply Schould		
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ge 4 may be retained by the hospital or attending physician.	I WAL DIRECTOR: After this certificate has been signed by the attending physician and compl	S th	4	
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٧R	N LO FILE	15	De be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with	
15	W 5	9/6	0	R.

	DIVISION OF STATISTICAL RESEAR	AND STATE DE	PARTMENT OF H	EALTH REET, BALTIMORE 1.	MARVIAND
	12102	CERTIFICAT	E OF DEATH	1 1	3U50
1.	PLACE OF DEATH			/here deceased lived, f institutio	Residence before edmission)
	ALLEGANY	MARYLAND	a. STATE	b. COUNTY	
	b. CITY OR TOWN , it outside corporate I.mits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	MARY HANDIN , If outs	de carparete limits, L. L. GAN	and give nearest town)
	CUMBERLAND	5 DAYS	MT. SAVAGE		
	d. NAME OF HOSPITAL OF INSTITUTION (I not in hosping MEMORIAL & WARWICK AVES.	al, give street address	d. STREET ADDRESS		o. IS RESIDENCE ON A FARM? YES NO V
3.	NAME OF First DECEASED	Middle		DATE Month	Dey Yeer
	(Type or print)	ORVILLE		DEATH NOVEMBER	14. 19 61
5.	SEX 6 COLOR OR RACE 7, MARRIED	NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In years IF UNDS	RIYEARI IF UNDER 24 HRS.
	MALE WHITE W.DOWED	DIVORCED .	NOVEMBER 1. 188		Days Hours Min.
10:	a. USUAL OCCUPATION (Give kind of work 10b. Kind one during most of working life, even if refired)	OF BUSINESS OR INDUSTR	Y 11 BIRT +PLACE County & S	tete, or fareign country) 12.	CIT ZEN OF WHAT COUNTRY?
	teacher, ret. pub	lic school	MIDDLETOWN	. MARYLAND	U.S.A.
13.	. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	LEWIS F. KEFAU	ÆR	JOANNA_V	COOKERLY	
	 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SC 85, no, or unknown) (Ifyesgivewerordatesofservice) 	CIAL SECURTY NO 17	NFORMANT	Address	
_	no l	M	MORIAL HOSPITAL	L_CHMBERLAND, I	MD
	18. CAUSE OF DEATH [Enter only one ceuse per line PART I, DEATH WAS CAUSED BY:	(a), (b), end (c)	a A M	in lato	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	MICHW	emil of the	rung	
	DUE TO		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	Conditions, if any, which [b]_ geve rise to immediate cause		T A		••
	(a), steting the underlying DUE TO				
	cause lest. (c)	- IDI TING TO DEATH BUT NG	T DELATED TO THE TERMINAL OF	ILLECT COMPLETIONS CIVING IN THE	AT 1 10 WAS AUTOBOV
É	PART II. OTHER SIGN.FICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NO	T KELATED TO THE TERMINAL DI	ISTASE CONDITION GIVEN IN PA	PERFORMED?
FIG.	200 ACC DENT WAS UNDERLYING [] 206, DESCR	THE UNIVERSAL OCCURREN	. (Enter nature of injury in Part I o	- b-+ l - f - t 1D \	YES NO
L CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJ	URY OCCURRED 20e, PLA Not While fect	CE OF INJURY (Home, farm, 20 ory, street, office bldg., etc.)	of, (City or town) (C	ounty) (Stele)
ME	p.m. 19 a work	et work	11 0 1	16-	6
	21. I certify that (I) (this hospital) altended	d the deceased from.	.[- 190	, to, 1	M., that (I) (we) last
	saw the deceased alive on		death occured at5:25	Archi the causes and or	
	22a. SIGNATURE PO	TOVO	ATTENDING MED.	STAFF	22b. DATE SIGNED
	22c. PHYSICIAN'S	The solv	D. PHYS. DIRECTO	OR PHYS.	
	NAME (Type) DR. HOWARD L.	TOLSON		TRE STREET, CUM	REPLAND MD.
73	BURIAL, CREMATION, 23b. DATE THEREOF 2	3c. NAME OF CEMETERY		I. LOCATION (City, fown or cou	
	Purici 11/17/1961		emeterv	Middletown,	. bM
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256, REGISTRAR	
-	Alachill Co. n	riddle A	DATE NOV	20'61 arthur	S. Kraus
_		We was			

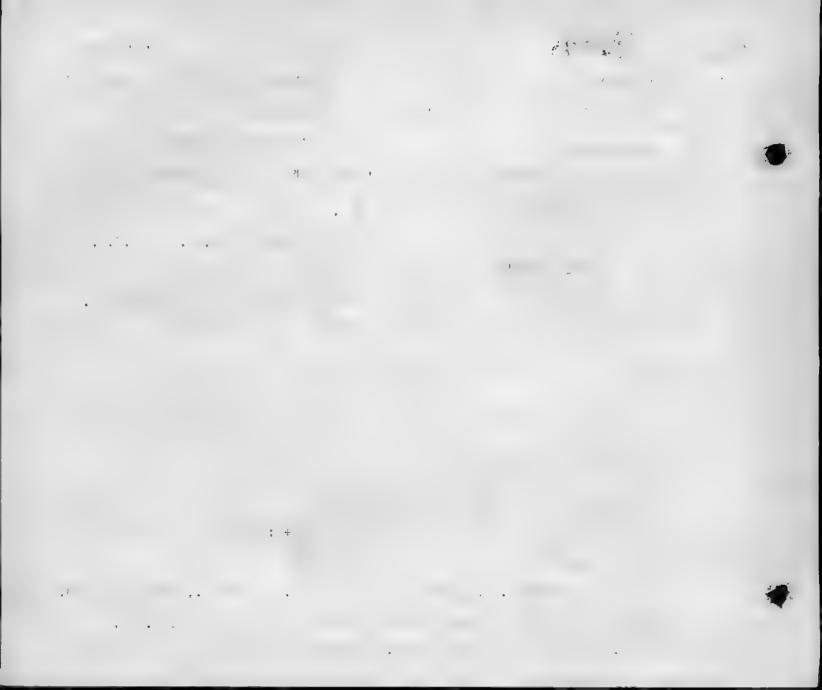
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	A	ID RECORDS, 301 W. PRESTON STREET RTIFICATE OF DEATH	13090
NI	FLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where a. STATE	daceased lived, If institution; Residence before edmiss
		MARYLAND TH OF STAY IN 16 c, CITY OR TOWN (If outside co	ALLEGANY sporete limits, write RURAL and give neerest fown)
	write RURAL and giva nearest town) CUMBERLAND	5 DAYS CUMBERLAND	
	d. NAME OF HOSPEMBRIATUTE NWARW TORINAVE	d. STREET ADDRESS	ILLED CTOCT YES NO
4	3. NAME OF DECEASED	Middle Las! 130 WEST 1	HIRD STREET Dey Year
	(Type or print) 7F NA	C KESECKED DEAT	NOVEMBER 15 19 6
	FEMALE WHITE WIDOWED WILL	DIYORCED []	lest birthday) Months Days Hours A
		S NESS OR INDUSTRY 11. ERTHPLACE County & State,	
	Presser Underga	rment NORTH CAROLINA	U. S. A
T		MARY C. ROMMOR	RONNER
	(Yes, no, or unkown) [liyesgivewerordelesofservice]	MARY C. BONNE	
	18. CAUSE OF DEATH [Enter only one cause per line for (e),		INTERVAL BETWEE
	PART DEATH WAS CAUSED BY. Retroper	itoneal lymphosarcoma	The 1
}	Conditions, if eny, which	a Dansel 1 (months 110	Mestowas
	geve rise to immediate cause (e), stating the underlying DUE TO	Propos C. 1 -	
	z PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	E CONDIT ON GIVEN IN PART 1(a) 19. WAS AUT
إميانم	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS		YES NO
1	E 20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOVE OF CONTRIBUTING ☐ CAUSE OF DEATH INTERPOLATION OF THE CONTRIBUTION OF TH	Y INJURY OCCURED. (Enter neture of injury in Pert I or Per	t II of item 1B.)
	Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OF		City or town) (Sta
		rork	JECX 146)
	21. I certify that (I) (this hospital) ethended the saw the deceased give on	deceated from	om the causes and on the date stated a
1	226. SIGNAY 9	ATTENDING MED.	STAFF 22b
/	22 PHISITIANS	M.D. PHYS. DIRECTOR	PHYS.
	DR. G. O. HIMMELWR		AVE., CUMBERLAND, MD.
	REMOVAL (Specify)		CATION (City, town or county) (State IIIIberland, Md.
10			ISTRAR 256. REGISTRAR'S SIGNATURE
7 ,	James F. Scarjelli, Cumber	land, Md. DATE	arilwo & Kraus

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W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral shoùld F1 im G200 11/16/01 iwk PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY by the and 2 death, ALLEGANY **ALLEGANY** MARYLAND b. City OR TOWN if outs'de corporete limits. - LENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporete lim ts, write RURAL and give nearest town) write RURAL end give nearest town) filled in Pages 1 CUMBER LAND DAYS CUMBERLAND hours after d. NAME OF HOSPITAL OR INSTITUTION ('f not in hospital, give street eddress) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? 60 301 BALTIMORE YES NO X MEMORIAL HOSPITAL 3. NAME OF Year Middle paper OF DECEASED KILPATRICK ARVELLA T CATH 8 1961 (Type or print) NOVEMBER 5. SEX B. DATE OF BIRTH 4DER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. A 3E | Months. FEMALE WIDOWED 190 physician 10a. USJAL OCCUPATION (Give kind of work 1 10b, KIND OF BUS NESS OR INDUSTRY 12. CT.ZEN OF WHAT COUNTRY? done during most of working life, even if retired) CACAPON BRIDGE, W. VA. affending pl Then please r 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET LARRICK 15. WAS DECEASED EVER N U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address OVE, (Yes, no, or unkown) | (Ifyesgivewerordelesafservice) CUMBERLAND, 10. HOSPITAL MEMORIAL ian. 1B. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c),] INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 16 Q 1) NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of 'njury in Part I or Pert II of Item 18.) 20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this 20e. PLACE OF INJURY (Home, ferm. 20f. (City or lown) (County) (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Dey, Year Not While factory, street, office bldg., etc.) While el work et work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from ... I... J, and that death occured a 2.10, PMn the causes and on the date stated above. saw the deceased alive on .. 728. SIGNATURE STAFF ATTENDING DIRECTOR PHYS. PHYS. M.D. 22d, ADDRESS 226. PHYSICIAN'S NAME /(Type) CENTRE ST. CUMBERLAND . MD. O FUR director, be filed 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fairview Lutheran Cemetery near Gore, W. Va. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4). Cumberland, Maryland arthur & Kraus John J. Hafer,



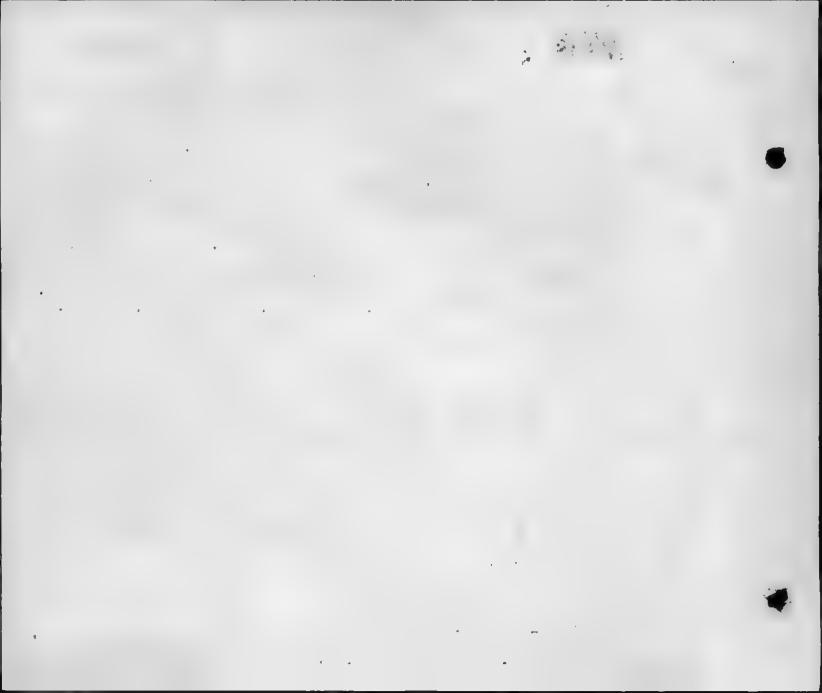
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

- 1	1. PLACE OF DEATH O. COUNTY	1, 2.	USUAL RESIDENCE (Where		sidence before edm ssion)
	Allegany	MARYLAND	o. STATE Maryland	b. COUNTY AT TO	eganv
4			CITY OR TOWN (If outside cor	porete limits, write RURAL end	give nearest town)
	Frostburg Li	fetime 2	D Frostburg		
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g	ve street address)	d, STREET ADDRESS		e. IS RESIDENCE
	Miners Hospital 3. NAME OF DECEASED	Middle	39 W. First	t St.,F	YES NO NO Dey Yeer
J	(Type or print) ELLEN	C. KOMA		11-27-61	19
		NEVER MARRIED B. DAT	TE OF BIRTH	9 AGE (In years IF UNDER 1 Y	the statement of the st
	F WIDOWED	DIVORCED 10-	5-03	58 yrs. Months D	eys Hours Min.
ľ	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTRY	BIRTHPLACE (County & Stele, o	r foreign country) 12. CN12	EN OF WHAT COUNTRY?
	Housewife Own I	14.	Frostburg, Mo		U.S.A.
-	Charles Rafferty IS. WAS DECEASED EVER N. C. S. ARMED FORCES? 16 SOC A	L SECURITY NO 17. INFO	Anastasia Sca	ally	hara Ma
\pm	(Yes, no, or unkown) (ifyesgivewerordetesofservice)	ne Ma D	rancis J. Kor	wate 30 W 1	ot 6+
	NO NONE NO	One Mr. f'	Laucts o. Wol	nabz, os w. I	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Cardia	a dilatati	n acute	ONSET AND DEATH
	570-1 DUE TO	^ -			
	Conditions, if any, which \ (b)	Ilex	w Mass	WE	2 hrs.
	geve rise to Immediate cause (e), stating the underlying DUE TO		/		
	last. (c)				
	PART II. OTHER SIGNE CANT CONDIT ONS CONTRIBUT	NG TO DEATH BUT NOT RELA	ATED TO THE TERM NAL DISEASE	CONDITION GIVEN IN PART	(a) 19. WAS AUTOPSY PERFORMED?
	3 2) Dehydration (1) Vielet	5 molliture	(3) Hypertension	H)(nances msuffic	YES NO X
	PART II. OTHER SIGN, F CANT CONDITIONS CONTRIBUTE Dehydration () Localette 1 206. ACCIDENT WAS UNDERTRING 206. DESCRIBE I OR CONTRIBUTING 2 CAUSE OF DEATH OF CONTRIBUTION 2	HOW INJURY OCCURED TEN O	r nelure of flury in Perl or Pert	IV of item 18.)	
- 1			V		
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY While work		INJURY (Home, farm, 20f)Cr	ty or town) (Count	(Ste e)
	Hour e.m. While No.	of While tectory, str et work	CA	withours all	exing Mrd.
	21. I certify that (I) (this hospital) attended to	he deceased from3,	129 , 1951., 10	11/27 196	., that (1) (a) last
	saw the deceased alive on 16./.2.7	.196.L., and that deal	th occured at 135M, from	m the causes and on th	ne date stated above.
	22e. SUGNATURE	9.4	ATTENDING MED.	STAFF	226. DATE SIGNED
	Grank I War	LCIX MD	PHYS DIRECTOR	PHYS.	11/28/61
	22c. THYS CTAN'S NAME (Type)	- 4	22d. ADDRESS	SV. 2	Thurs 1. 1
	12/1/	RRA ("	26 W. Mech	1 10000	owe med
	REMOVAL (Specify)	NAME OF CEMETERY OR CR		CATION (City, town or county)	(Stete)
	Burial 11-29-61 St,		emetery Fro	Sthurg STRAR 256, REGISTRAR'S SI	Md.
	y) A [[] ,]—	STIERT TIONER	DEC A 1	61 Couling 2.	Thomas .
1	Durch N. Maries 123 E. MAIN	N.FROSTBURG,	MD. DATE	-	



MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, /\ARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) e. COUNTY b. COUNTY **ALLEGANY** ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m is, write RURA), and give nearest town) write RJRAL end give nearest town) CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, d. STREET ADDRESS LENNOX PLACE 3 NAME OF Middle DECEASED (Type or print) GERT LNAF LAMBERT DEATH NOVEMBER 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 8. DATE OF BIRTH 19. AGE [In years | IF JNDER 1 YEAR lest b rthday) Months Days 56 **FEMALE** WIDOWED X DIVORCED 10a. JSUAL OCCUPATION (G ve kind of work 1 10b. KIND OF BUS NESS OR INDUSTRY 11 BIRTHP, ACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ret red) NONE CUMBERLAND, MARYLAND 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME HARRY STEEPE KATHERINE HIMMLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewarordelesofservice) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immadiate ceuse DUE TO (a), stating the undarlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURSO. (Enter neture of injury in Pert I or Pert II of item 18)

MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND INTERVAL BETWEEN ONSET AND DEATH Zhus THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. [City or fown) 20c. TIME OF INJURY Month, Dev. Yeer (County) (Stete) factory, street, office bidg , etc) Hour a.m. While Not While et work at work 1965, that (I) (we) last 22e SIGNATURE 22b. DATE ATTENDING SIGNED STAFF DIRECTOR PHYS. MD. 22c. PHÝSICIAN'S 22d. ADDRESS NAME (Type) N. CENTRE ST., CUMBERLAND, MD. 238. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stele) REMOVAL (Specify)

> Cumberland 250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

> > Calley S. House

NOV 9

DATE

St. Lukes Cemetery

Cumberland, Md

e. IS RES DENCE

YES NO

Year

19

Hours

U.S.A.

IF UNDER 24 HRS.

ON A FARM?

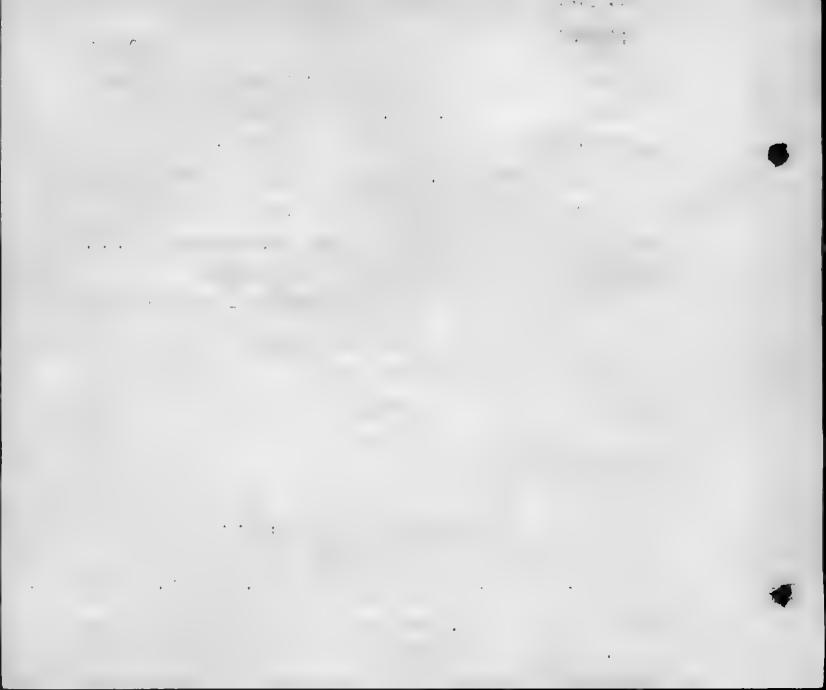
61

80 t 8 VR A15 (4) 15M 9/60

Buria

24 FUNERAL DIRECTOR'S SIGNATURE

John J. Hafer



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 12094

ソン	I. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where decessed fived, If institution: Residence before edmission)
	Allegany MARYLAND	Maryland Allegany
	b. CITY OR TOWN (if outs de corporete limits - LENGTH OF STAY IN 15	c. C TY OR TOWN (If outside corporate him ts, write RURAL and give nearest town)
	write RURAL and give neerest town) Cumberland 60 years	Cumberland, Md.
100	d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospitel, g ve street eddress)	d. STREET ADDRESS e. IS RESIDENCE
~	_227 Offutt St.	227 Offutt St. ON A FARMY
	3. NAME OF First Middle DECEASED	Lasi 4. DATE Month Dey Year OF
#	(T	Lewis DEATH Nov. 1 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED X DIVORCED	Sept. 11, 1880 Sept. Months Days Hours M.n.
	106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11 B RTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY
	Housewife Own Home	Sandy Hook, 1/1d. USA
	Joseph Bissett	Ellen Holt
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Hyesgivewerordetesofservice)	INFORMANT Address
	None M	r. Oscar J. Lewis, Cumberland, Md.
	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), ,b), end (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE , al service	who will find
	4-21 DUE TO	
	Conditions, if eny, which geve rise to immediate ceuse	7 032
	(e), stelling the underlying DUE TO	Common terms and the common terms are the common te
7	ceuse lest, (c)	AT THE ATT A STATE OF THE STATE
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	O ACCIDENT WAS INDEDIVING 1 200 DESCRIPTION INTUING OCCUPE	YES NO VI
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER]	D. (Enter neture of injury in Pert I or Pert II of tem 18)
	<u>V</u>	ACE OF INJURY (Home, ferm, 201 City or town) (County) (Stele)
	Hour e.m. While Not While p.m. 19 el work et work	-2 Comberled alles My
	21. I certify that (I) (this hospital) attended the deceased from	1/7/60 19 to 11/1/61., 19, that (1) (we) las
	saw the deceased alive on L	death occured aloud, from the causes and on the date stated above
2	28. SIGNAVEREL 7/1 OC	ATTENDING MED. STAFF 22b. DATE
		A.D PHYS. DIRECTOR PHYS. Nov. 2, 19
	Mame (Type) Dr. Richard J. Williams	D 22d. ADDRESS
		122 S. Centre St., Camberland, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	W T T
		Harpers Ferry, W.Va.
5	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Maria e Tod
i	James F. Scarpelli, Cumberland, Mc	DATE NOV 6 "61 Carthury & Knows

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected within 24 hours after death the may be retained by the hospital or attending physician.

TO FONERAL DIRECTOR. After this certificate has been signed by the attending physician and compretely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with the state Dept. of Health prior to burial, cremation, or removal, and in any event, with

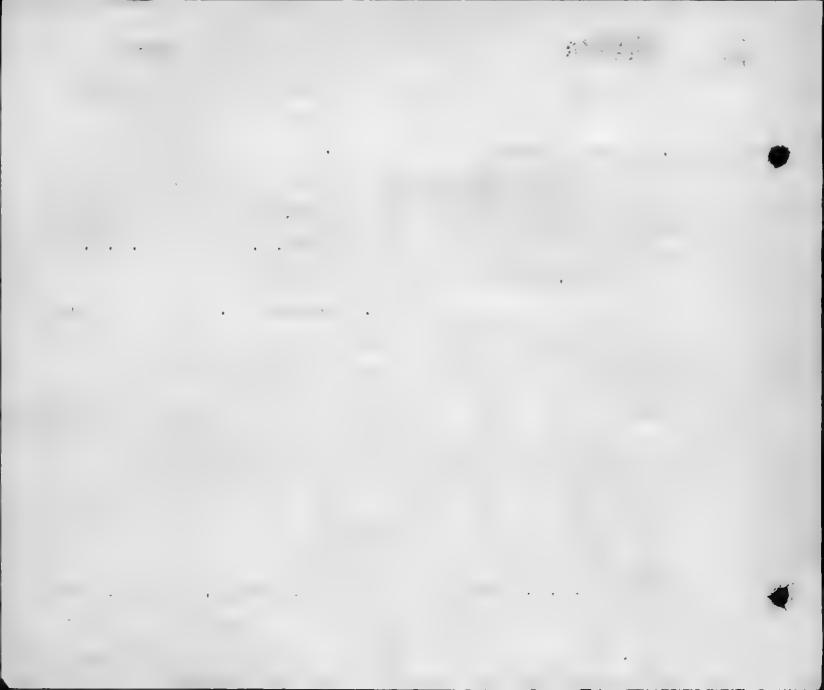
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			MARYLAND STATE DEPARTMENT OF HEALTH
1			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
			12108 CERTIFICATE OF DEATH 13095
frer eral		1.=	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If stitution: Residence before admission)
sh price	M)		e. COUNTY description of the county
the day			ALLEGANY MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give neares) town)
24 in by 1 an er de			Write RURAL and give neerest town) CUMBERLAND 15 DAYS ELLERSLIE
aft aft	10	_	d. NAME OF HOSPHAL, QR. NSTITUTION (it wohin, hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE
fi.lecrs. Page	60		MEMORIAL & WARWICK AVES. MEMORIAL HOSPITAL ON A FARM? YES \[NO \(\overline{\overl
ole apers. 72 h	1		NAME OF First Middle Lest 4. DATE Month Dey Year DECEASED OF
e Egc			(Type or print) RUTH M. LUMAN DEATH NOVEMBER 29. 19 61
9 5 5	'	5.	SEX 6. COLOR OR RACE 7. MARR ED NEVER MARRIED 8. DATE OF BIRTH 9. AGE in yeers IF UNDER YEAR IF JNDER 24 HRS. Just birthdey Months Deys Hours Min.
and and carl	1		FEMALE WHITE WIDOWED DIVORCED 6-27-1911 50 yrs. Months Days Hours Min.
ficat cian ove evel			. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 1. B RTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hysi rem rem			PENNSYLVANIA U. S. A.
ifh ase in		13.	FATHER'S NAME 14. MÔTHER'S MAIDEN NAME
der and and		15	CHARLES F. WISLER WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17, INFORMANT Address
the afte Then val,		(Ye	s, ng_pr unkown) (liyesgive war or detes of service)
that the it.]		-	NO MEMORIAL HOSPITAL - CUMBERLAND, MD. 18. CAUSE OF DEATH (Enter only one ceuse per line for 191, (b), and (c).
res iciar by by erm			PART I. DEATH WAS CAUSED BY: 1 LAG ARE DIE AV. TURNIL MAIN MITTER ONSET AND DEATH
ohys ined sit p			420.1 DUE TO DUE TO
w rang properties			Conditions, if ony, which to Phrough attrio Selectic Parsio Messaler Misses with Conorder
andi Beer Crei			gave rise to immediate couse (e), stating the underlying DUE TO MYSEARURE DUSY/ DUSY
att att			cause lest. (e)
AN.		8	PART II. OTHER S GNIFICANT, CONDITIONS CONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Spita spita fific se as	1	CERTIFICATION	HUPERCHOPETOTEMOS
Price price	-	RTE	206. ACCIDENT/WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of Iem 18) OR CONTR BUTTED CAUSE OF DEATH (IF EITHER, MOTIFY MEDICAL EXAMINER)
H the		I - 1	
ING of by Affer ache		WEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) Hour e.m. WhileNot While
N. det		W.	p.m. 19 et work at work
ret ret De			21. I certify that (I) (this hospital) attended the deceased from [18], to [18], to [18], that (I) (we) last saw the deceased alive on
A be SECOULATED			saw the deceased alive on 19.61., and that death occured at M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE
S S S S S S S S S S S S S S S S S S S			ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11/30
ERAL page with th			22c. PHYSICIAN 3
ER.	- 1		NAME (TYPO) DR / JOHN TOPHER HYNDMAN, PA.
Edo File	,	230	BUR AL, CREMAT ON, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stole)
O S O S S		E	BURTAL Dec. 2, 1961 Lybarger Cemetery Buffalo Mills Pa. RD#1
VR A15 (4)		24	FUNERAL DIRECTOR'S SIGNATURE ADDRESSIN DO 250. REGISTRAR 256. REGISTRAR'S SIGNATURE
15M 9/60		1	Jarvey H. Theigher, Hyndman, Pa. DATE DEC 4 '61 Jellun & thema

;

2. USUAL RESIDENCE (Where deceased lived, If ins. tution: Residence before edmiss on) b. COUNTY c. C.TY OR TOWN (If outside corporate I mits, write RURAL and give neerest town) Rural) e. IS RESIDENCE ON A FARM? 2 Naves Crossroads YES NO Nov. 18 19 9. AGE (In yeers IF UNDER 1 YEAR) IF JNDER 24 HRS. last birthday) | Months | Deys 11. BIRTHPLACE (County & Stelle, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Terra Alta, W. Virginia U.S. A Address Rt. 2 Naves Crossroads INTERVAL BETWEEN ONSET AND DEATH list Inforction ____ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 166 19. WAS AUTOPSY PERFORMED? NO E 20b. DESCR SE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) 20f. (City or lown) (Stete) (County) 21. I certify that (1) (this hospital) attended the deceased from 1 and 19.6, to 18 new, 1960, that (1) (we) last 6 mm. 19 (c.f., and that death occured at 4.A.M., from the causes and on the date stated above. STAFF SIGNED PHYS. 122 S. Centre St. Cumberland, Maryland 23d. LOCATION (City, lown or county) Cumberlad 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE arthur & Kraus



funeral plnods PLACE OF DEATH e. COUNTY by the land 2 : death. Allegany MARYLAND b. CITY OR TOWN (if outside corporete l'mits. c. LENGTH OF STAY N 16 write RURAL and give neerest town) 577 after Cumberland Pages filled i d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) hours a 223 Carroll St. papers. 3. NAME OF 72 DECEASED (Type or print) Helen Mary McKenzie carbon <u>with</u> 5 SEX 6. COLOR OR RACE 17. MARRIED NEVER MARRIED X 8. DATE OF BIRTH and White Female D.VORCED August WIDOWED [physician remove 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker None 13. FATHER'S NAME please .⊆ aftending Enoch A. McKenzie WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Then (Yes, no, or unkown) | (Ifyes give wer or detes of service) the 18. CAUSE OF DEATH [Enter only one cause ger line for (e), (b), and (c).] permit <u>ک</u> PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) been signed the burial-transit DUE TO Conditions, if env. which (b) geve rise to immediate cause DUE TO (a), stelling the underlying has couse lest. DIRECTOR: After this certificate PART II. OTHER SIGNIFICANT CONDIT ONE CONTRIBUTING Se 0 esn prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DEICRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) detached for MEDICAL refained by 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer Not While While Hour e.m. et work et work pp 21. | certify that (I) (this hospital) attended the deceased from. should saw the deceased alive on J.J. .. and that 22e SIGNATURE ATTENDING PHYS. ERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) rector, 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) å ë: 0 1 1961 SS. Peter & Paul Cemetery Cumberland, Maryland Burisl ADDRESS **EMPREAL DIRECTOR'S SIGNATURE** VR A15 (4)

LARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) b. COUNTY Maryland Allegany *c CITY OR TOWN (if outs'de corporate (fmils, write RURAL and give neerest town) Cumberland e. IS RESIDENCE ON A FARM? YES NO ⋥ Carroll DATE OF DEATH November 12, IF UNDER 24 HRS. AGE (In years | IF UNDER 1 lest birthday) Months Devs Hours 76 & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. Cumberland, Maryland 14. MOTHER'S MAIDEN NAME Margaret Roman Address Mrs. Lawrence Mantheiy, Cumberland, Maryland INTERVAL BETWEEN ONSET AND DEATH Que 2 TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-119. WAS AUTOPSY PERFORMED? NO X 20f. (City or town) (County) (Stete) fectory, street, office bldg , etc.) to./ death occured at...... M, from the causes and on the date stated above 22b. DATE STAFF SIGNED MED D RECTOR PHYS.

23d. LOCATION (City, town or county) (State)

25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE

Criting S. House

Incilly Frederick St. Cumb., Md.

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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12111

12098

1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Md. COUNTY Allegany
b. CITY OR TOWN (If outside carporate limits, write RUBAL and give nearest town) Barton 5. LENGTH OF STAY IN 1b 25. Yrs	c CITY OR TOWN (If outside carporote limits, write RURAL and give negrest town) Barton
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Star Rt.	d. STREET ADDRESS Star Rt. e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
1. Alexandra Indiana	Miller Lost 4. DATE Month Day Year 1961
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Mar. 5, 1900 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDU- ducing most of working life, even if retired) Brewery	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Columbus Miller	Alice Clark
(Yet no or unknown) . If was miss were or dates of samiles!	FORMANT Address
no 215-10-8084	Mrs. Edward S. Miller-Barton, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Diseas Interval Between ONSET AND DEATH
DUE TO	,
Canditions, if any, which (b)	
couse (o), stating the undur-	
lying couse last. (c)	
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
	D. (Enter nature of injury in Port I ar Port II af item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctary, street, affice bidg., etc.)
21. 1 certify that (1) (this hospital) attended the deceased from	Sec. 1969 to May 20, 196 / that (1) (we) last
	leath accurred at [2] M, from the causes and an the date stated above.
220 SIGNATURE William Wish	ATTENDING MED. STAFF SIGNED PHYS. **DIRECTOR PH
DAME (Type) WILLIAM W. LESH, M.	7 90 Muin St. 2t esterngol, M.
23a BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d LOCATION (City, town, or county) (State)
Burial Specify) 11/24/61 Philos	Westernport Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
Beal. Westernport, M	d. DATNOV 27'61 Crilling & Krisse



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Allegany by the Maryland Allegany MARVIAND b. CITY OR TOWN (if outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 write RURAL and give neerest lown) Cumberland. ,⊆ Cumberland. Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM? Greene St.. YES NO X Greene St. 3. NAME OF DATE Middle DECEASED OF Nov. 1961 (Type or print) FLORA WOLFE MILLER DEATH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours Female White 20, WIDOWED X DIVORCED T Oct. 1867 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY State, or foreign country) done during most of working life, even if relired) in please rem U.S.A. Frederick. Maryland Housewife Own home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | Cornelius A. Elmira E. Wolfe Jacobs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Than Cumberland. Md. (Yes, no, or unkown) | (Ifyesgive war or dates of service) ova 58 Greene St., No. Mr. Walter L. Miller the 18. CAUSE OF DEATH [Enter only one cause per line for ,a], ,b], and (c)] INTERVAL RETWEEN ONSET AND DEATH ģ PART I. DEATH WAS CAUSED BY: g physicit signed by Arterioclerotic Cardio-vascular disease lo years IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which " gave rise to immediate cause DUE TO (a), stating the underlying PHYSICIAN: the hospital or this certificate ! PART II, OTHER S.GNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 80 NO X 20b. DESCRIBE HOW INJURY OCCURED (Enter neture of in ury in Part I or Pert II of item 18.) 20a, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH R: After this detached for 20f. (City or town) (County) (State) 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20d. INJURY OCCURRED . factory, street, office bldg., etc.) Not Whila While Hour a.m. at work | at work DIRECTOR 11 - 14 19 61 that (I) (we) last 21. I certify that (I) (th's hospital) attended the deceased from. 2. - 26, 19.56 to. 14 19 61 and that death occurred at. . . O. O. P. Hom the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING 5-61 STAFF 3 DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Greene St., Cumberland, Md. Ralph W. Ballin 123d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Rose Hill Mausoleum Cumberland, Maryland ន្ទ្រីន Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wayne George Cumberland, Md. DATE NOV 1 7 '61 Chilling & House 15M 9/60



RYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM?

19 61.

PERFORMED? NO Z

DATE

SIGNED

YES NO Y

Year

VR A15 (4) 15M 7,61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 1. PLACE OF DEATH 1. COUNTY 1. STATE 1. STATE

e. COUN	ITY DEATH		a. STATE	b. COUNTY	fullon: Kaskdence before edm.ssion)
	AT.LEGANY	MARYLAND		RYTAND	ST.T.EGANY
b. CITY (OR TOWN (if outside corporate limits, RURAL and give nearest town)	e. LENGTH OF STAY IN 16		(If outside corporate limits, write RU	
CUR	IDERI, AND	8 DAYS	1.2 CUMBERL	AND	
	OF HOSPITAL OR INSTITUTION (if not in ho		d STREET ADDRESS		e. IS RESIDENCE
			1	2011 221 1021	ON A FARM?
3 NAME	SACRED HEART HOSPIRAL		118 MIN		YES NOX
DECEA	SED	Middle	Lest	4. DATE Month	Day Yeer
(Type or	MARIEAMEN	R.	MITCHELL.	DEATH 17	21, 19 67
5. SEX	6 COLOR OR RACE 7. MARRIE	D NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years IF L	INDER 1 YEAR IF UNDER 24 HRS.
			m /m = 100		onths Days Hours Min.
FEMAI	E WHITE WIDOWI		7/10/86	75 угз.	
	L OCCUPATION (Give kind of work most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	IY II BIRTHPLACE (Cou	inty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sal	eslady Retired She	oe Store	WEST VIRO	TINTA	U.S.A.
13. FATHER			14. MOTHER'S MAIDEN		Z. 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				TOWAR	
15 WAS D	T.T.TAM MTT CHFTET. CEASED EVER IN J.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 1 17. 1	MARI	Y JOYCE Address	
(Yes, no, or	unkown) (If yesgi vewar or dates of service)	SOCIAL SECORITI NO. 17. 1	INFORMANI	Address	
_ No	12	14-05-5424Jol	nn Speir,	120 Winton Pla	ce, Cumb. Md.
18. C#	LUSE OF DEATH [Enter only one cause pay	line for (e), ,b), and (c).]			INTERVAL BETWEEN
P.	ART I. DEATH WAS CAUSED BY:	ut Coron	eary The	rombour	ONSET AND DEATH
2	60 Y DUE TO		ν		
Conditi	ons, if any, which	ealitie.	Millie	us	6 min
	se to immediate cause		-		
(a), sta	ting the underlying DUE TO		<i>/</i>		131
cause l	05t. (c) CV	unces	was		Sym
Z PA	rt if other significant conditions coi	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	N PART 1(e) 19. WAS AUTOPSY PERFORMED?
ĮĘ į					YES I NO I
E 200 A	CCIDENT WAS UNDERLYING 1 206, DES	CRIBE HOW INJURY OCCURED	Literature of investigation	Pert Lor Pert II of Item 18 1	1 10 11 11 11
OR CO	NTRIBUTING 🖂 CAUSE OF DEATH	TORROCTION MISORY O'COULD	. (- 1101 110 910 91 11 91)	, , , , , , , , , , , , , , , , , , , ,	
	ER, NOTIFY MEDICAL EXAMINER)				
0			CE OF INJURY (Home, far tory, street, office bldg., et		(County) (Stele)
S S	four a.m. While p.m. 19 at wo	0 [NV] ** IIII0	,,,	1	
	certify that (I) (this hospital) after	ided the deceased frame	26w. 14	196 / 10 Pers. 24	100 (that (1) (wa) last
21.	he deceased alive on Thr.	AL 10 La	99	458	, 178(, (110) () (WG) 1031
	The second secon		death occured at	M, from the causes and	
22e S	GNATURE	. ~	ATTENDING	MED. STAFF	22b, DATE
	Clay (Dur	red M	D PHYS.	DIRECTOR PHYS.	125/61
	YSICIAN'S		22d. ADDRESS		
N	CLAY DURRETT			236 VIRGINIA AVE.	CUMB. MD.
23a BURIA	L. CREMATION, 236 DATE THEREOF	1 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, fown of	or county) (Slete)
REMOVA	M (Spanity)				
			& Paul Ce		
	L DIRECTOR'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
Un	arles L. George,	Cumberland,	Md. DATEO	U 2 7 161	8 Kins
-			711		4 - / COULS

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page b. COUNTY aral director. Page is necessary Allegany MARYLAND Allegany b. CITY OR TOWN (if outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) 6 Cumberland 60 years Cumberland Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained the State B Penhurst St. Penhurst St YES NO X 3. NAME OF Middle DATE 4. Year DECEASED OF ate, writing the word "pending" in pencil in frem 18. Give Pages 1, 2, and 3 to the ate, writing the word "pending" in pencil in frem 18. Give Pages 1, 2, and 3 to the other Chief Medical Examiner's Office along with form PM3. Page 5 may be ref RR. Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the view to hurial, cremation, or removal, and in any event, within 72 hours after decired. (Type or print) DEATH 19 67 John Morris Nov -5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED IN NEVER MARRIED 19. AGE (In years I JF UNDER 1 YEAR IF UNDER 24 HRS lest birthdey) | Months | Devs Male WIDOWED [DIVORCED 60 Vrs. 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) Car Foreman Railroad Cumber Land, Md. IIS:A 14. MOTHER'S MAIDEN NAME John H. Morris Beulah Norris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknwn) ! (If yes give war or dates of service) Mr. George W. Morris, Cumberland, Md No 1 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CORONARY OCCLUSION IMMEDIATE CAUSE (e) 1201 **DUE TO** CORONARY SCLEROSIS Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying bas Vixecule the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to burial, cremation, or r cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part f or Part if of Ham 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or lown) (County) (State) While Not While fectory, street, office bldg., etc.) Hour e.m. et work el work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Nov. 9. **EXAMINER'S** NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF CEMETERY OR CREMATORY Address (Street, city, lown, or county) 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₫40 g Burial Hillcrest Burial Fark Cumberland, ...d. 23. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME NOV 1 4 '61 Cirthur S. Kraus James F. Scarpelli, Cumberland, Md. 5M 9/60 DATE

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within 24 hours after

15M 9/60

MAKT	LAND STATE DEPA	AKIWEMI OF	ntalin
DIVISION OF STATISTICAL RESEAT	RCH AND RECORDS, 3	01 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
12110	CERTIFICATE	OF DEATH	12103

1, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutio . Residence before edmission)
a. COUNTY	a. STATE b. COUNTY
Allegany MARYLAND	Md. Allegany
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give necess town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Barton 68 Yrs	X Barton
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS d. 15 RESIDENCE ON A FARM?
S. Utah	S. Utah
3. NAME OF First Middle	Last 4. DATE Month Dey Year
DECEASED	OF NEW MARKET AND
MOM	oray 1301
7. MAKKIED NEVER MAKKIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. iast birthdey) Months Days Hours Min.
Male White widowed DIVORCED	Dec. 12, 1892 68 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Miner Coal Mine	Barton, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John M. Mowbray	Marrie I Damilar
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary L. Darnley INFORMANT Address
(Yes, no, or unkown) (Ifyesgive werordales of service)	
no 213-10-5931	Maude Mowbray-Barton, Md.
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH,
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Coronary	Irtory Disease 30 Minutes
1100.1 DIETO	
Conditions, if ony, which 7 (b) Embolus	30Mmites
gove rise to immediate cause	
(e), stating the underlying DUE TO	
ceuse lest. (c)	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART [(a)] 19. WAS AUTOPSY
O PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN	PERFORMED?
CAL	YES NO X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH (IF ETHER. NOTHER, MEDICAL EXAMINER),	D. (Enter nature of injury in Part I or Part I, of Item 1B.)
(IF ETHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While to	ctory, street, office bldg., etc.)
	144 14 161 1244 11 161 1 101
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on VOV.141901, and the	at death occured at
22a SIGNATURE	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.
Sant Wwoon	M.D. PHYS. DIRECTOR PHYS. New 15. Pla
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Paul R. Wilson	Piedmont, W. Va.
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify)	Moscow Mills Md.
	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
24 FUNERAL PIRECTOR'S SIGNATURE ADDRESS	t Md would Tring
EX / Soul Westernpor	t, Md. DATE NOV 17'61 Cirthung & House



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12104

М	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before edmission)
7		* STATE Maryland b. COUNTY Allegany
_	b. CITY OR TOWN (if outside comparete limits FINGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
	write RURAL and give neerest town)	
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, g ve street address)	Cumberland
	d. Home or nostrine ok institution (if not in hospita, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
	112 N. Smallwood Street	112 N. Smallwood St. YES NO X
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
	(m) 1	ughton DEATH NOV. 2 1961
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		last birthday Months Days Hours Min
	Male White WIDOWED DIVORCED	April 22, 1877. 84 yr.
	dona during most of working life, even if ratired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Retired Train Master Railroad	Barton, Maryland USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Michael Patrick Naughton	Ann Dailey
儿	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I	
	(Yas, no, or unkown) (If yas give war or dates of sarvica)	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c,)	. Harold Naughton, Cumberland, Md.
	DART I DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (a) Uremia	10 days
	3) X DUE TO	
	Conditions, if any, which (b) Erak Cerebro-vasc	ular accident embolus 10 days
	gave rise to immadiata causa	
	to // stating the underlying	
	(6)	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	9	PERFORMED?
	Myocardial fibrosis	YES NO X
	20. ACCIDENT WAS UNDERLYING 20. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	, (Entar nature of injury in Pert I or Pert II of Itam 18.)
	, , , , , , , , , , , , , , , , , , , ,	
		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	Hour e.m. While Not While fact	ory, street, office bldg., etc.)
ı		10/0/61
	21. I certify that (I) (this hospital) attended the deceased from	10/9/01 , 19 , to 11/2/61, 19 , that (I) (we) last
		death occured at 1.1.1. From the causes and on the date stated above.
	22a S GNATURE	ATTENDING MED. STAFF 22b, DATE
	/ lune Deston	Laure C singers C street
	22c. ATVSCIAN'S	22d. ADDRESS
	NAME (Type) Samuel M. Jacobson, M. D.	50 Pershing St. Cumberland, Md.
	238. BURIAL, CREMATION, 736. DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
	REMOVAL (Specify)	
		250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
,	James F. Scarpelli, Cumberland, Md	DATE

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Pages Filled

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à

affend

signed

certificate has been

DIRECTOR: After this

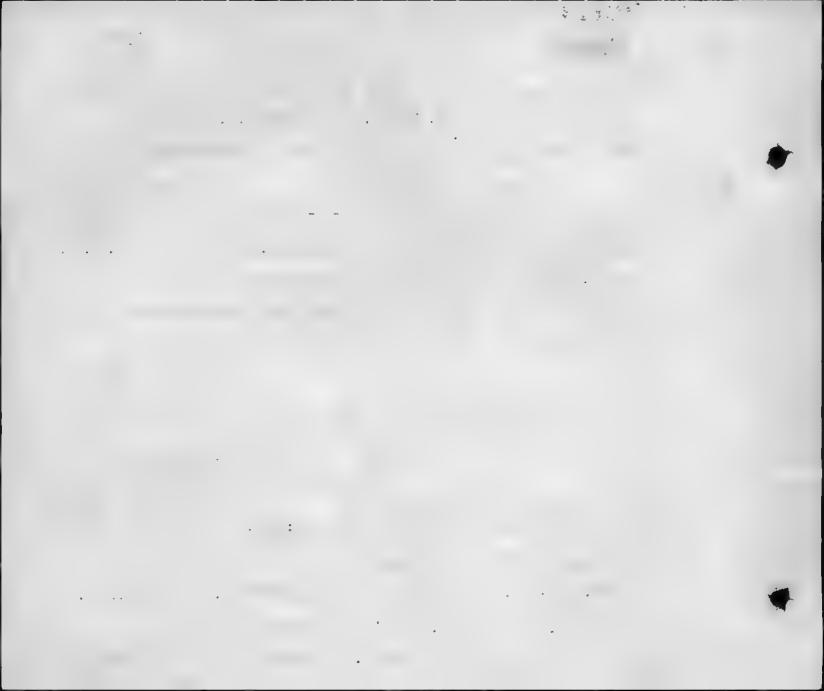
OFT

VR A15 (4)

15M 9/60

2060181XVI

the burial-transit



TICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY 1 2 P MARYLAND MARYI AND ALLEGANY. by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN, If outs de corporete limits, write RURAL end give nearest town) 19 DAYS **CUMBERLAND** <u>=</u> Filled d. NAME OF HOSPITAL OR INSTITUTION (if not 'n hospite,, give street eddress d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 23 GRAND AVE MEMORIAL HOSPITAL. YES NO Y 3. NAME OF M ddle A. DATE DECEASED OF (Type or print) NOVEMBER 20 NETTIE DEATH 1961 NIXON 6. COLOR OR RACE 7. MARRIED K NEVER MARR ED 8. DATE OF BIRTH F JNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR and est brindey) Months WIDOWED [6 yrs. physician IDe. USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUS NESS OR INDUSTRY done during most of working life, even if retired) OWN HOME VIRGINIA - WINCHESTER HOUSEWIFE 14. MOTHER'S MAIDEN NAME .⊆ affending JOSEPH BEARINGER SUSAN RAINER 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknwn) i (If yes give wer or detect feervice) CUMBERLAND 40 MEMORIAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] None INTERVAL BETWEEN ģ. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO How. 1.1961 Conditions, if any, which (b) geve risa to immediata ceuse DUE TO (a), steting the underlying the RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? 2 NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18.) 2De. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER, 2Dc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 2De, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) DIRECTOR: After 3 should be dotlactory, street, office bldg., etc.) Hour a.m. While Not While et work at work 1960 to 7222 20 196 (that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 2. 20 saw the deceased alive on. 19. And that death occured \$5.55. Affirm the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS VIRGINIA AVE. CUMBERLAND, MD. NAME (Type) 23a. BURIAL, CREMATION. | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION [City, town or county) (Stata) REMOVAL (Specify) S. g. B Rose Hill Mausoleum Cumberland, Md. Nov. 22, 1961 Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 Chilling & Kraus James F. Scarpelli, Cumberland, Md. DATE NOV 2 4 '61

MARYLAND STATE DEPARTMENT OF HEALTH

PERFORMED (Stete) 19.(cv, that (I) (we) last , and that death occurred was M, from the causes and on the date stated above. 22b. DATE ST., FROSTBURG. 1 23d. LOCATION (City, town or county) (State) 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE FROSTBURG, MD. DATE

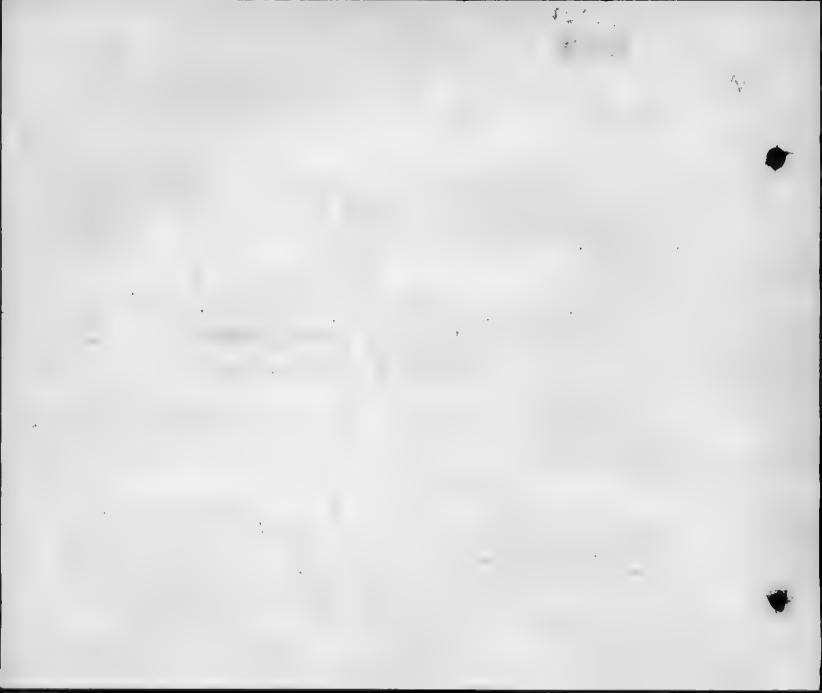
. IS RESIDENCE

19

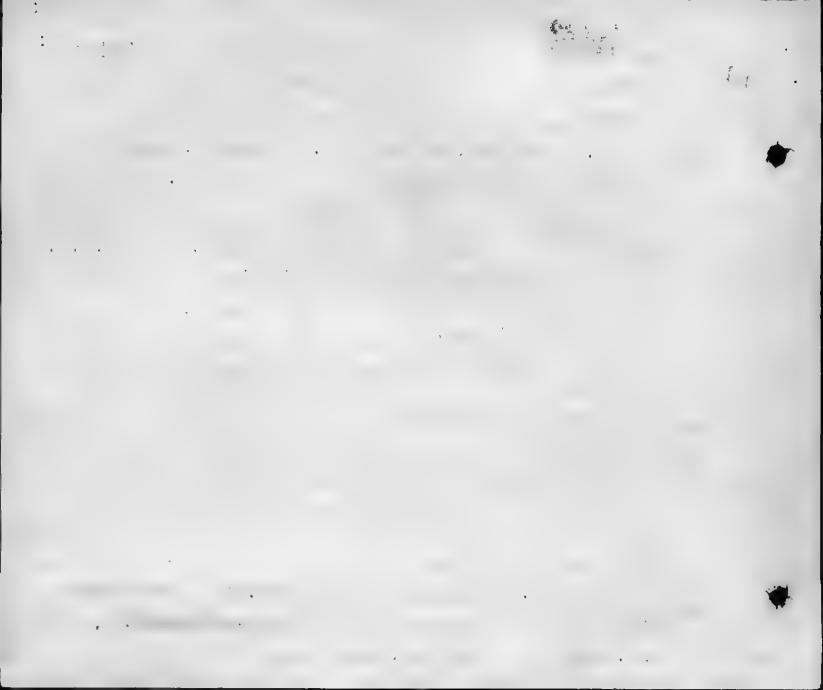
USA

SE UNDER 24 HRS.

ON A FARM? YES NO X



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	DE 1 MARYLAND
12121 CERTIFICATE OF DEATH	13108
e. COUNTY Allegany MARYLAND B. STATE Maryland b. COU	Allegany
write RURAL end give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, g ve street eddress) Cumberland d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
DECEASED	
Male White WIDOWED DIVORCED \$/25/1881 80 yrs.	1,33,110
done during most of working life, aven if retired) Retired Carpenter Clearville, Pennsylvani	
	\$\$
18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) 33/X DUE TO Conditions, i eny, which gave rise to immediate ceuse (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	INTERVAL BETWEEN ONSET AND DEATH TO THE
206 ACCIDENT WAS UNDERLYING 206. DESCR BE HOW INJURY OCCURED. (Enter neture of injury in Pert II of item 18.) OR CONTRIBUTING 2005 OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO
21. I certify that (I) (this hospital) attended the deceased from	
3 5 1 1 (PLACE OF DEATH S. COUNTY Allegany D. C. YOR TOWN II Outside comporele limits, with RNARL end give necessit lown) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street eddress) NAME OF DECERSED (Type or print) S. INAME OF BOORGE ACCIDENT (Enve kind of work and one during most of thorong one cause ger line for (e), (b), and (e). PART II. OTHER SIGNEICANT CONDITIONS DUE TO CONTRIBUTING WAS INDERLYING (c) and that death occupied at



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND
CERTIFICATE OF DEATH
13109

. PLACE OF DEATH	-			Whara decaasad lived, if institutions	Residence before admission
a. COUNTY	T TOWN A BUTU	account the	e. STATE MARYLA	ND ALLEGAL	NT T
	LLEGANY outside corporete l'mits,	e. LENGTH OF STAY IN 16		side corporete limits, write RURAL an	
write RURAL and g	give neerest town)	t, thom of star in it	1 2		a give invested town,
CURIBER		50 yrs	CUMBERLAN	ID	
d. NAME OF HOSPITA	L OR INSTITUTION (if not	I in hosp te , g ve street address)	d STREET ADDRESS		a. IS RESIDENC
Memorial	Hospital		512 Easte	rn Avenue	YES NO
NAME OF	First	Middle	Last 4.	DATE Month	Dey Yeer
(Type or print)		** *		OF DEATH	r 10 /a
	Dora	Y Helene	rerdew	NoĀ⁴	5 19 61 1 YEAR IF UNDER 24 HRS
		MARRIED NEVER MARRIED	, DATE OF BIRTH	9 AGE (In yeers IF JNDER last birthdey) Months	Deys Hours Min.
FEMALE	WHITE W	DOWED DIVORCED	9/22/1899	62 yrs.	
De USJAL OCCUPATION from during most of work	N (Give kind of work	106 KIND OF BUSINESS OR INDUSTR		State, or fore gn country) 12. Cl	TIZEN OF WHAT COUNTR
Housew:	n do .		Green Ridge	Marriand	II S A
3. FATHER'S NAME	110	_	14. MOTHER'S MAIDEN NAM		0 00 44
					•
	Leonard SC		Fannies		
	R IN U.S. ARMED FORCES? resgive wer or detes of services.		INFORMANT	Address	
No			Charles H.	Perdew 512 E	astern Ave.
	ATH lenter only one cau	se per line for (e), (b), and (c),		202000	INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DE	and the france of the order				
PART I. DEATH	WAS CAUSED BY:	Coronary occlu	sion		m n
PART I. DEATH		Coronary occlu	sion		1 day
PART I. DEATH	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO	*			1 day
PART I. DEATH	WAS CAUSED BY, AMEDIATE CAUSE (a) DUE TO which (b)	Coronary occlu		cular disease	1 day
PART I. DEATH 19 4201 Conditions, if any, gava risa to immedie	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which to couse	*		cular disease	1 day
PART I. DEATH	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which (b) le ceuse derlying DUE TO	*		cular disease	1 day
PART I. DEATH 42 0 1 Conditions, if any, gave rise to immedie (a), stering the unicausa lest.	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO Which to couse derlying DUE TO (c)	*	c cardio-vas		1 day 5 years
PART I. DEATH 42 0 1 Conditions, if any, gave rise to immedie (a), stering the unicausa lest.	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO Which to couse derlying DUE TO (c)	Arterioscleroti	c cardio-vas		1 day 5 years
PART I. DEATH 42 0 1 Conditions, if any, gave rise to immedie (a), stering the unicausa lest.	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which (b) (b) DUE TO Germany (c) S,GNIFICANT CONDITION	Arterioscleroti	c cardio-vas	DISEASE CONDITION GIVEN IN PAR	1 day 5 years
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PART I. DEATH 42 0 1 Conditions, if any, gava rise to immedie (a), steting the uncause lest. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY]	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which (b) to couse derlying DUE TO (c) S.GNIFICANT CONDITION S. UNDERLYING 201 CAUSE OF DEATH	Arterioscleroti	c cardio-vas	DISEASE CONDITION GIVEN IN PAR	1 day 5 years 17 1(0) 19. WAS AUTOPS PERFORMED? YES NO D
PART I. DEATH 42 0 1 Conditions, if any, gave rise to immedie (a), stefing the uncause lest. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY]	WAS CAUSED BY; MMEDIATE CAUSE (a) DUE TO (b) POUE TO (c) S.GNIFICANT CONDITION S. UNDERLYING [201 CAUSE OF DEATH MEDICAL EXAMINER)	Arterioscleroti As CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 200 PLA	C cardio-Vas	DISEASE CONDITION GIVEN IN PAR	1 day 5 years
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PART I. DEATH 42 0 1 Conditions, if any, gave rise to immedie (a), steting the unicause lest. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY / 20c. TIME OF INJUR Hour a.m. p.m. 21. 2 certify th	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which (b) to couse (c) S.GNIFICANT CONDITION S. UNDERLYING [] 20 CAJSE OF DEATH MEDICAL EXAMINER; Y. Month, Dey, Yeer 19 at (1) (this hospital)	Arterioscleroti As CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED While Not While fect et work et work attended the deceased from.	CE OF INJURY (Home, ferm lory, street, office bidg., etc.)	DISEASE CONDITION GIVEN IN PAR t or Pert II of tem 18.) 20f. (City or town) (Co	1 day 5 years 11 (e) 19. WAS AUTOPS PERFORMED? YES NO 12 unity) (Stelle)
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PART I. DEATH 42 0 1 Conditions, if any, gava rise to immedie (a), stefing the unicause lest. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IIF EITHER, NOTIFY / 20c. TIME OF INJUR Hour a.m. 21. I certify the saw the decease	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which (b) to couse (c) S.GNIFICANT CONDITION S. UNDERLYING [] 20 CAJSE OF DEATH MEDICAL EXAMINER; Y. Month, Dey, Yeer 19 at (1) (this hospital)	TRETIOSCLE TO THE STATE OF THE	C cardio-vas OT RELATED TO THE TERMINAL E O. (Enfer nature of injury in Part to OCC OF INJURY (Home, form of lory, street, office bidg., etc.) 2 - 11, 19 ATTENDING MED.	DISEASE CONDITION GIVEN IN PAR t or Pert II of tem 18.) 20f. (City or town) (Co	J day 5 years Ferrormed? YES NO 2 (Stete) 1 day 5 years (Stete) (Stete)
PART I. DEATH 19 42 Conditions, if any, gava rise to immedie (a), stefing the unicause lest. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY / December 1] 20c. TIME OF INJUR Hour a.m. 21. 1 certify the saw the decease	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which the couse derlying CAUSE OF DEATH MEDICAL EXAMINER; Y Month, Dey, Yeer 19 at (1) (this hospital) and alive on	TETETIOSCLETOTI AS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20d. INJURY OCCURED While All Not While et work et work attended the deceased from. 19.61, and that	C cardio-vas	DISEASE CONDITION GIVEN IN PAR t or Pert II of tem 18.) 20f. (City or town) (Co	J day 5 years Ferrormed? YES NO D (Stote)
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PART I. DEATH 42 0 1 Conditions, if any, gave rise to immedie (e), stering the uncausa lust. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING E (IF EITHER, NOTHEY) 20c. TIME OF INJUR Hour a.m. p.m. 21. 1 certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa)	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which to couse derlying CAJSE OF DEATH MEDICAL EXAMINER; Y Month, Doy, Yeer 19 at (1) (this hospital) at alive on112 Ralph W.	Arterioscleroti As Contributing to Death But No. DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURRED While Not While et work 20e PLA While Not While et work 19.61, and that Ballin, M.D.	C cardio-vas Of RELATED TO THE TERMINAL D Of (Enfect nature of injury in Part to the terminal of the termina	DISEASE CONDITION GIVEN IN PAR t or Pert II of tem 18.) 20f. (City or town) (Co	1 day 5 years 5 years FERFORMED? YES NO 2 Lunty) (Stete) 1 the date stated abo 22b. DATI SIGN 11-7- 1d, Md.
PART I. DEATH 19 20 Conditions, if any, gava rise to immedie (a), steting the uncause lest. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY // 20c. TIME OF INJUR Hour a.m. p.m. 21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATIC REMOYAL (Specify)	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which to couse derlying CAJSE OF DEATH MEDICAL EXAMINER; Y Month, Dey, Yeer 19 at (1) (this hospital) and alive on112 Ralph W. DIN, 23b. DATE THEREOF	TECHNOSCLEROTI AS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20d. INJURY OCCURED While Not While et work fee attended the deceased from. 2	C cardio-vas Of RELATED TO THE TERMINAL D OF (Enfer nature of injury in Part t OF OF INJURY (Home, ferm 1000, street, office bidg., etc.) 1000 ATTENDING MED. PHYS. D DIRECT 1000 ATTENDING MED. PHYS. D DIRECT 1000 100	DISEASE CONDITION GIVEN IN PAR tor Pert II of tem 18.) 20f. (City or town) (Co	1 day 5 years 5 years FERFORMED? YES NO 2 Lunty) (Stete) 1 the date stated abo 22b. DATI SIGN 11-7- 1d, Md.
PART I. DEATH 19 20 Conditions, if any, gava rise to immedie (a), steting the uncause lest. PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY // 20c. TIME OF INJUR Hour a.m. p.m. 21. I certify the saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATIC REMOYAL (Specify) PUT 1.8. I	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which to couse to couse Couse DUE TO Which to couse DUE TO Couse DUE	TECHNOSCLEROTI AS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20d. INJURY OCCURED While Not While et work fec attended the deceased from. 2	C cardio-vas Of RELATED TO THE TERMINAL D Of (Enfer nature of injury in Part t OCE OF INJURY (Home, ferm lory, street, office bidg., etc.) 1	DISEASE CONDITION GIVEN IN PART tor Pert II of tem 18.) 20f. (City or town) (Co	1 day 5 years 1 1(e) 19. WAS AUTOPS PERFORMED? YES NO 2 1. 6 Ihat (I) (we) 1 the date stated abo 22b. DATI SIGN 1. 72 1. Md (State) land
PART I. DEATH Conditions, if any, gave rise to immedie (a), stering the uncause lest. PART II. OTHER PART II. OTHER 20a. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY] 20c. TIME OF INJUR Hour a.m. p.m. 21. 1 certify th saw the decease 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Typa) 23a. BURIAL, CREMATIC REMOYAL (Specify) DUT 12. 24 FUNERAL DIRECTOR*	WAS CAUSED BY: AMEDIATE CAUSE (a) DUE TO which to couse to couse Couse DUE TO Which to couse DUE TO Couse DUE	TECHNOSCLEROTI AS CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED 20d. INJURY OCCURED 20d. INJURY OCCURED While Not While et work fee attended the deceased from. 2	C cardio-vas OT RELATED TO THE TERMINAL D OF (Enter nature of injury in Part to the terminal of injury injury in Part to the terminal of injury in Part to the terminal of injury injury in Part to the terminal of injury in Part to the terminal of injury injury injury in Part to the terminal of injury i	DISEASE CONDITION GIVEN IN PAR or Peri II of tem 18.) 20f. (City or town) (Co	1 day 5 years 1 1(e) 19. WAS AUTOPS PERFORMED? YES NO D (Stele) 1 6 Ihat (I) (we) Is the date stated about 22b. DATE SIGN 11-7- (Stele) 1ad, Md. (Stele)



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13110

	1. PLACE OF DEATH o. COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a STATE b. COUNTY Marvland Allegany			
	b. CITY OR TOWN (If autide carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Rural # 1 Frostburg			
-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF DECEASED (Type or print) Thomas I.	Plummer Pearth 11/1/1961 Day Year			
	S SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS In the state of the state			
	10a USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR INDUS during most of working life, even if retired) Retired Cola Miner	Borden Shaft MD. U.S.			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Lavena Loar			
1	Thomas Plummer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	IFORMANT Address			
/	Yes, no, or unknown) If yes, give wor or dates of service)	Mrs. Thomas L. Plummer R.F.D.#1			
3	206. ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M.			
		ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) ctary, street. affice bldg., etc.)			
	21. I certify that (1) (this haspital) attended the deceased fram. 4/2				
	23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OF REMOVAL (Specify) 11/3/1961 Memorial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS GEORGE EICHHORN LONACONING, MI	Park 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE			

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TISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE *. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) e. COUNTY e. STATE **b.** COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete I m ts, by the c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If guisside comprete I mits, write RURA, end give neerest fown) write RURAL end give nearest town] CUMBERIAND MARYLAND .= -HANCOCK MARYLAND filled i Pages e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address. ON A FARM? hours YES NO SACRED HEART 3. NAME OF 4. DATE Middle ► DECEASED OF comp DEATH (Type or print) E. AGE (In Yeers IF UNDER 2 6. COLOR OR RACE 7. MARRIED HE UNDER 1 YEAR NEVER MARRIED lest birthdey) pue Monthsi House WIDOWED W DIVORCED F 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 10e. USJAL OCCUPATION (Give kind of work done during most of working life, even if retired please rem Mines Allegany County Md. 13. FATHER'S NAME Then please HENRY H. ROBINETTE

15. WAS DECEASED EYER IN U.S. ARMED FORCES? 17. INFORMANTE E. ROBINETTE 16. SOCIAL SECURITY NO. [Yes, no, or unknwn] ! (If yes give wer or detes of service) levor the 18. CAUSE OF DEATH [Enter only one couse per line for (a), b, end (c,) Nellie Stattler Berkeley Springs W I ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: 2 years IMMEDIATE CAUSE (a) Coronary Heart Dosease DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), stating the underlying certificate ha PART II. OTHER'S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(6) 19 WAS AUTOPSY PERFORMED? NO X 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) for r this hed UF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While fectory, street, office bldg., atc.] Hour a.m. at work al work may be retain DIRECTO■: , and that death occured 2:45 from the causes and on the date stated above. 161 plnous saw the deceased arive on. . 22b. DATE 22a S GNATURE ATTENDING PHYS. STAFF SIGNED DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S NAME (Type) RALPH W. BALLIN M.D. director, be filed 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) OH Christian Buck Valley Fulton Penn.
| 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Chillian S. Frank 15M 9/60



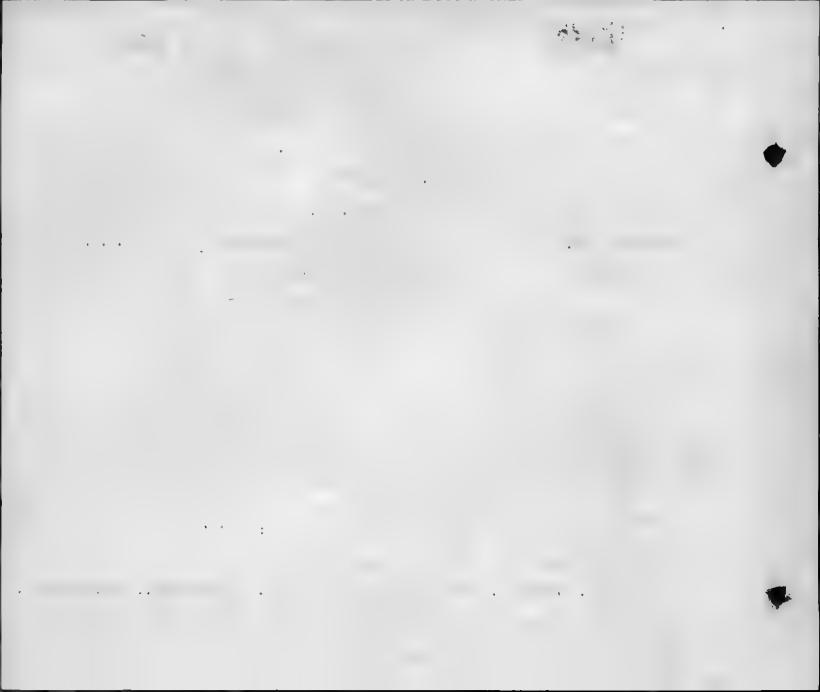
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT'MORE 1, MARYLAND
CERTIFICATE OF DEATH

- 1	- An				10
	1. PLACE OF DEATH a. COUNTY Allegany	MARYLAND	e. STATE Md.		nstitution: Rasidence before edmission) Y Allegany
<i> </i> -	b. CITY OR TOWN (if outside corporate limits.		c CITY OR TOWN (If outs	RURAL end give nearest lown)	
	write RURAL and give neerest town) Westernport	10 yrs	Westernpo		•
1	d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospital, g ve stree address)	d STREET ADDRESS		e. IS RESIDENCE
	324 Md. Ave.		/ 324 Md. Ave		ON A FARM? YES NO
1	3. NAME OF First DECEASED	Middle		DATE Month	Day Year
	(Type or print) Charles	Edward	Ross	DEATH NOV.	14 1961
Y	5. SEX 6. COLOR OR RACE	. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
1			Mar. 7, 1872	8 9 yrs.	Months Deys Hours Min.
	10a. JSUAE OCCUPATION (Giva kind of work dons during most of working lifa, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County &	Stele, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	Machinist	Railroad	Westernport	, Md.	U.S.A.
ľ	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	James O. Ross		Margaret Guy	7	
ľ	15. WAS DECEASED EYER IN U.S. ARMED FORCE		NFORMANT	Address	
1	Yes Spanish A.	211-09-0913A M	rs. Marie Lance	ster-Winches	ster. Va.
1	18. CAUSE OF DEATH [Enter only one c				. 4
1	PART I. DEATH WAS CAUSED BY:				
	IMMEDIATE CAUSE (a)	Vaganeration No	t specified as	MIELMATIC	-5 reeps _
	• L DUE TO	·	V		
1	Conditions, if any, which \ \ \{b}_				'
-1	geva rise to immediate cause		,		
-1	(e), steting the underlying DUE TO				
	(t)	ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	SEASE CONDITION G VE	N IN PART 1(a) 19. WAS AUTOPSY
	2				PERFORMED?
- {	Y				YES NO N
-1	OR CONTRIBUTING [] CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I	or Pert II of item 18.)	
-1					
- }	20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, ferm, 2 ory, street, office bldg., etc.)	Of, (Cily or town)	(County) (Slata)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) Hour a.m While Not While fectory, street, office bldg., etc.) y.m. 19 et work st work					
ı		I) attended the deceased from	Tan 10 195	7 10 NEV. 1	4 19/0 that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from					
-1	saw the deceased alive on	P. S. H. C. Marie	desili occured di 234711	r Holl Hie canzes s	22b. DATE
1	228. SIGNATURE 0 0 0 9	2/20-	ATTENDING MED.	STAFF	SIGNEP
4	22c. PHYSICIAN'S	M M	D. PHYS. DIRECT	TOR PHYS.	
	NAME (Type)			1.7 77	
-	Paul R. Wi		Piedmont	W. Va.	
	238. BURIAL, CREMATION, 236. DATE THERE	OF 23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, low	n or county) (State)
	Burial (Specify) 11/ /61	Philos		Westernport,	Md.
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D B	Y REGISTRAR 256, REG	ISTRAR'S SIGNATURE
	C. I Brok	Westernport, M	DATE NOV 1	7'61 a	Thur S. Kroug
			70		



STON STREET, BALTIMORE , MARYLAND OF DEATH funeral should PLACE OF DEATH dechased lived. If institution, Ras dence before admission) · COUNTY LEGANY a. STATE b. COUNTY **PENNSYL VANIA** BEDFORD by the 1 and 2 s death. MARYLAND b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 16 c CITY OR TOWN (flouts, de corporata | m ts, write RURAL and give nearest town) write RURAL and give nearest town) BEDFORD CUMBE RLAND 30 DAYS .⊑' illed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. S RES DENCE d STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL BOX 211 YES NO 3. NAME OF DATE 4. Month DECEASED OF comple 22 (Typa or print) DEATH NOVE MBE R 61 DUANE S. SAXMAN 19 -poq 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED AGE (In years (IF JNDER 1 YEAR IF UNDER 24 HRS. and carbo last birthday) Months Days Hours event, MALE WIDOWED [DIVORCED Physician remove 10a. USUAL OCCUPATION (Giva kind of work 106, KIND OF BUSINESS OR INDUSTRY 1 & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) U.S.A. PENNSYLVANIA KENNAMEATAL CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME PAUL SAXMAN EVELYN SCHALL 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT MEMORIAL HOSPITAL - CUMBERLAND, MARYLAND (Yas, no, or unkown) (Ifyesgivewarordetasofsarvica) He 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)) INTERVAL BETWEEN ONSET AND DEATH ending physician. been signed by It Kent Failing PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1792) 2 months has been signed he burial-fransit p ich. Valv. Heart Disease, A. I. and M. I., Rleum. days rice to immediate cause arteroscleroter Hent Process (a), stating the underlying the the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.6 certificate CERTIFICATION PERFORMED? 80 NO Z 20a, ACCIDENT WAS JNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of in'ury in Part I of Part II of itam 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or fown) (County) (State) Month, Day, Year factory, straat, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from 20 19. (// that (I) (we) last saw the deceased alive 22b, DATE 22a. SIGNATURE ATTENDING STAFF SIGNED MED PHY5. DIRECTOR PHYS. 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) S. CENTRE STREET. CUMBERLAND, MD. ector, filed FU 23d, LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 404 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S 91GNATURE ADDRESS VR A15 (4) NOV 2 3 '61 Orthur S. Henry 15M 9/60



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a COUNTY b. CQUNTY **ALLEGANY** VIRGINIA MARYLAND b. CITY OR TOWN (if outside corporate I m Is, c. LENGTH OF STAY IN 1b e. CITY OR TOWN (If outside corporate limits, write RURAL and give peerest lown, WUUNBERLAKITPeerest town) HRS. 5 MIN RT. I. RIDGELEY, W. VA. d. NAME OF HOSPITAL OR INSTITUT ON (if not in hosp'te, a ve street address) STREET ADDRESS MEMORIAL HOSPITAL 3. NAME OF Middle 4 DATE Month DECEASED (Typa or print) DEATH NOV. LOIS ANN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthdey) WIDOWED [D VORCED [physician 100 USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY ACE (County & State, or foreign country) dona during most of working life, even if retired) CUMBERLAND, MARYLAND NONE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FLOYD G. SELF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOC AL SECURITY NO 17 INFORMANT LETHA M. ABE Address (Yes, no, or unkown) | (If yes give war or dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL 18. CAUSE OF DEATH (Enter only one couse per tine for (e), (b), and (c). DEATH WAS CAUSED BY-IMMEDIATE CAUSE (e, **burial-transit** DUE TO gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Pert II of Iem 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After the should be detached 20c. TIME OF INJURY Month, Dey, Year 20d. IN.URY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or lown) factory, street, office bldg , etc.) While Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from and that death occured: 00 NOON the causes and on the date stated above. 220 SIGNATOR PHYS. D.RECTOR PHYS. PHYSICIAN'S 22d. ADDRESS GREENE ST., CUMBERLAND, MD. NAME (Type) LELAND B. RANSOM director, be filed 23d. LOCATION (City, fown or county) 238. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Fort Ashby. Burial Fort Ashby Cemetery 0 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS George, Cumherland, Md. VR A15 (4) Cithur S. Krous 15M 9/60 Charles

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MARYLAND STATE DEPARTMENT OF HEALTH

MINERAL

a. IS RESIDENCE ON A FARM?

YES NO X

19 61

Year

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO Z

> > (State)

22b. DATE

YES 3

(County)

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CERTIFICATE OF DEATH I director, Filed with 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Allegany Maryland MARYLAND Allegany funeral uld be'fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give necrest town)
Cumberland plan Gumberland d STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION YES NO Allegany County Infirmary BOX Bedford Road puo NAME OF 4. DATE Day Yeor First Middle Month fille (Type or print) William Holloway 1961 Shaw November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED HE UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years SEX campletely lost birthdoy) Months Doys Hours DIVORCED [81 Male White WIDOWED X haurs ofte 12. CITIZEN OF WHAT COUNTRY? 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) Retired: Store Keeper-Cumberland . Maryland U. S. A. and 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Charles Shaw Mary Heavner physici 17 INFORMANT P.O.BOX 599 Address Cumberland, Md. 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Allegany County Infirmary records NO attending INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH 귭 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) puo DUE TO á Conditions, if any which gned gove rise to immediate DUE TO couse (a), stating the underlying couse lost **burial-transit** physician CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20g. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH certificate 1/ (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Doy, Year foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 11/13/61 19____, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased from 5:00 P.M occurred at_ saw the deceased alive an M. fram the causes and an the date stated above. DIRECTOR: 22º SIGNATURE SIGNED ATTENDING STAFF 1961 M.D. DIRECTOR A 22d ADDRESS 22c. PHYSICIAN'S D NAME (Type) St. . Cumberland. 230. BLR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) (Stote) REMOVAL (Specify) CHMBERLAND. MD. BURTAL LUKES CEMETER 25b. REGISTRAR'S SIGNATURE **ADDRESS** 250.-REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE CUMBERLAND, MD. BYRON KIGHT VR A15 (4) 7.761 15M 9/59

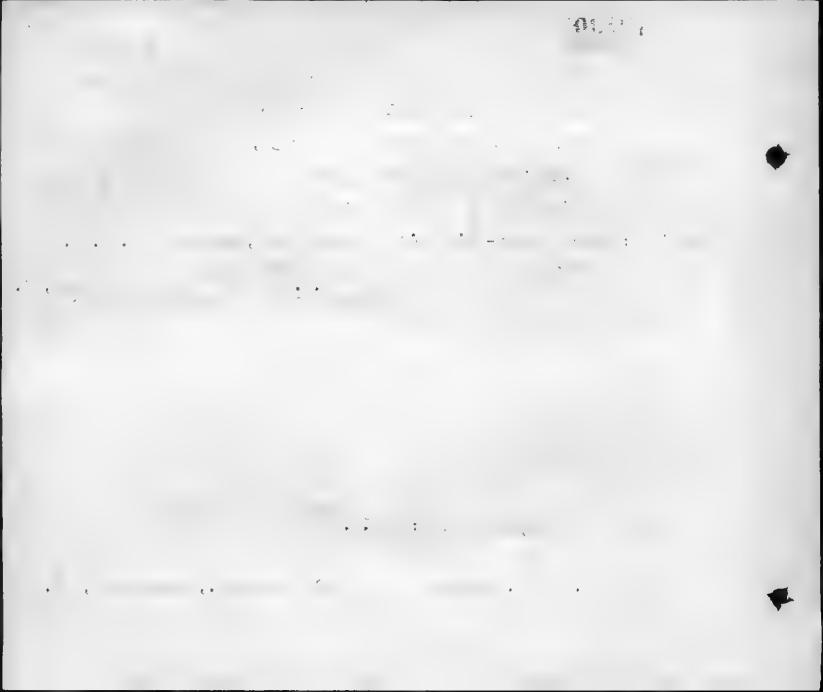
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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, If ansity for: Residence before admission) a. COUNTY director. Pag-Maryland b. CITY OR TOWN (if outs de corporete limits, Allegany MARYLAND c. CITY OR TOWN (If outside corporate lim ts, write RURAL end give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) your d of l 42 years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Memorial Hospital Maryland Ave. YES NO 3. NAME OF 4. DATE DECEASED (Type or print) Shoemaker DEATH 19 67 Harvey Nov with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years (IF UNDER 1 YEAR IF UNDER 24 HRS. Page 5 may be 1 and 2 with 172 hours aff lest birthday) , WIDOWED [DIVORCED [in pencil in Item 18. Give Pages 1, 2, a softice along with form PM3. Page 5 a burial-transit permit. File pages 1 and 2 emoval, and in any event with 1 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHP, ACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Savings Bank Custodian Somerset 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME George W. Shoemaker Anna Jane Baer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Maude Dolan, Cumberland, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c),) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Delirium Tremens 3-4 Days IMMEDIATE CAUSE (a) DUE TO (ALCOHOL, also incident to fractured gave rise to immediate amount DUE TO (a), stating the underlying pelvis sustained when struck by car) PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION OF VEN IN PART I(a) 19. WAS ALTOPSY PERFORMED? YES X NO -20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18) forwarded to the Chief Media L DIRECTOR: Page 3 should afted agent, prior to burial, cr. PRIMARY TO OF CONTRIBUTING X Struck by automobile
20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) Cumberland, Alleg. Md. 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry 7; and in my opinion Natura causes Accident X. Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for DEPUTY MEDICAL EXAM, NER X November 13. 1961 SKITARELIC , M.D. Addres Address (Street, city, town, or county) Cumberland, Md.

TORY 22d. LOCATION (City, town, or country) (State) 224. BURIAL, CREMATION. REMOVAL (Specify) Nov. 16, 1961 Oliver Grove Cemetery Oldtown, Md. ₫40 p Burial 24a, REC'D BY REGISTRAR | 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR VS. AISME Chilling S. Hisra James F. Scarpelli, Cumberland, Md.



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE ', MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before admission) a. COUNTY **b.** COUNTY a. STATE ALLEGANY ALLEGANY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporete I m.ts, C. LENGTH OF STAY IN 16 c. CITY OR TOWN () outs de corporete (mits, write RURAL and q ve nearest town) CUMBERLAND **CUMBERLAND** d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL THE DINGLE YES NO 3. NAME OF Last M'ddle 4. DATE Month Year DECEASED CLARENCE (Type or print) DEATH NOVEMBER 1961 6. COLOR OR RACE 7. MARRIED NEVER MARR ED 5. SEX B. DATE OF BIRTH 9. AGE (In yeers ! IF UNDER 1 YEAR! IF JNDER 24 HRS. est b ribdey) | Months MALE WIDOWED [DIVORCED yrs. 10e. USUAL OCCUPATION (Give kind of work , 11. BIRTHP_ACE (County & State, or foreign country) 1Db. KIND OF BUSINESS OR INDUSTRY . 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) PE NNA U.S.A. ATTORNEY AT LAW ATTORNEY AT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CHARLES SHUTTER MARY J. FLETCHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, -go, or unkown) | (If yes give war or detex of service) CUMBERLAND, MD. MEMORIAL 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN OHSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying couse last. MART, II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO P 2Db. DESCRIBE HOW INJURY OCCURED. (Enter harve of Injury in CERTIFI 204. ACCIDENT WAS UNDERLYING T of item 18 OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2De. P.ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) factory, street, office bldg., etc.) While Not White Hour a.m. et work at work p.m. 21. | certify that (i) (this hospital) attended the deceased from ... PM, from the causes and on the date stated above. , and that death occured 35. saw the deceased alive on... 22b. DATE 22a. SIGNATURE A ATTENDING 5 GNED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) W. WILLIAMS 122 S. CENTRE ST., CUMBERLAND, MD. 23c NAME OF CEMETERY OR CREMATORY (State) 23a. BUR-AL, CREMATION, REMOVAL (Specify) 25a. REC'D BY REGISTMAR 25b. REGISTRAR'S SIGNATURE

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funeral should by the and 2 death. d completion pag þ site has been signed by the burial-transit per burial, cremation, or 西京 0 VR A15 (4) 15M 9/60

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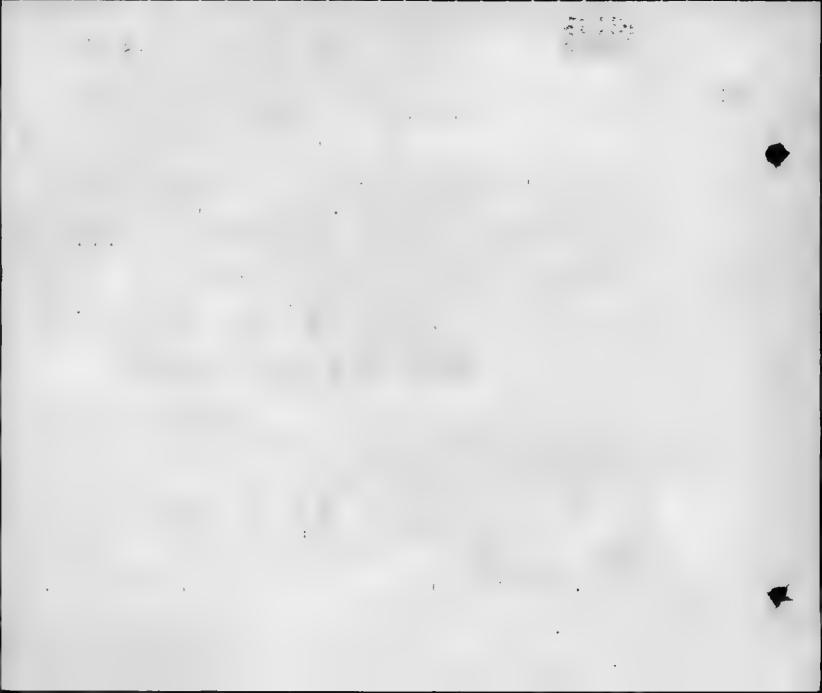
	1213	32 DIVISION OF ST	CERTIFIC	ATE OF DE		E 1, MARYLAN	2119	
\	1 PLACE OF DEATH D. COUNTY Allegany	of	MARYLAN	O STATE			nstitution Residence	before admission)
4	b. CITY OR TOWN (If autside of RURAL and give nearest town		c. LENGTH OF STAY IN 1			carporate limits,	write RURAL and giv	e nearest town)
	Lenaconing	",	85vrs.	Lona	coning			
	d. NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give street ac		d. STREET AC				e. IS RESIDENCE ON A FARM?
	East Mair	Street		East	Main S	treet		YES NO
9	3 NAME OF DECEASED	First	Middle	Lost	4. D.		Month	Day Year
	(Type or print) ANDF	REW	M.	SMITH	D	EATH 11/	11/1961	. 9
	S. SEX	OR OR RACE 7. MARRIE	D NEVER MARRIED	B DATE OF BIRTH		9. AGE (In lost birt		YEAR F UNDER 24 HRS. oys Hours Min.
		White WIDOWED			876	85	yrs.	
	10a USUAL OCCUPATION (Give during most of working life, e	kind of work done 10b K	IND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLA	CE (State or fore	eign country)	112 CITIZE	N OF WHAT COUNTRY?
	Retired Mer	chant		Len	aconing	g, MD.	U.S	S.A.
	13. FATHER'S NAME			14. MOTHER'S				
	Thomas Sm			Eli	zabeth	Merter	Address	
	15. WAS DECEASED EVER IN U. S (Yes, no, or unknown) (If yes, gave	war or dates of service)	OCIAL SECURITY NO. 1	INFORMANT	7			. 100
	NO			Miss He			nacening	INTERVAL BETWEEN
	18 CAUSE OF DEATH [Enter	, ,	for (o), (b), and (c)]	0 - (Daught	ti, 1/	- to 1	ONSET AND DEATH
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	lying cause lost.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO COLOR CONTRIBUTING							PERFORMED?	
	20a. ACCIDENT WAS UNDER	LYING 20b. DESCI	RIBE HOW INJURY OCCU	RRED, (Enter noture of	injury in Port I	or Port II of item	18.}	
		EXAMINER)						
	20c. TIME OF INJURY Month			PLACE OF INJURY (H	lome, form, 20f	f. (City or town)	(Co	unity) (Stote)
	Hour o.m.	19 While at work	Not while at work	Tocioty, sileer, office	bidg , etc)			
	21 1 certify that (I) (this haspital) attended the deceased fram Man. 1956, to MM - 11, 1961, that (I) (we) last						, that (I) (we) last	
	saw the deceased alive an 11-9							
	220. SIGNATURE	7						22b DATE SIGNED
	A JON N	de reli	<u> </u>	M.D PHYS	DIRECTO	OR PHYS		11.13.61
	22c PHYSICIAN'S NAME (Type)	1011	100	22d. ADDRE			0	
	L. 14	MILES	, JIR., M.	J. L	014456	NING	, M13.	
	230. BURIAL, CREMATION, 23b REMOVAL (Specify)	- 4 /	23c. NAME OF CEMETER			LOCATION (City,		(State)
	Purial	1/14/1961		1 Cemeter		umberl		LAYURE
	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250. REC'D BY REC'D BY REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE 250. R							
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decaesed lived, finstitution Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY ALLEGANY MARYLAND c. CITY OR TOWN (If outside corporate lim ts, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate I mits, C LENGTH OF STAY N 16 write RURAL and give neerest town) CUMBERLAND II DAYS Pages rd. STREET ADDRESS a. IS RESIDENCE d. NAME OF BOSPITAL OR INSTITUTION (if not In haspital, give street eddress) 99 ON A FARM? 128 SPRINGDALE YES NO X MEMORIAL HOSPITAL 3. NAME OF DATE DECEASED complet NOVEMBER DEATH 61 19 (Type or print) AL ICE SNOFBERGER .7 MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF LNDER 24 HRS. last birinday) and Months 1 Hours FEMALE DIVORCED WIDOWED X 1 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP, ACE (County & State, or foreign country) done during most of working life, even if retired? BROWNSVILLE Janitor 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JENNIE PHILLIPS HENRY FEASTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordelesofservice) MEMORIAL INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO aftending Conditions, if any, which certificate has been geva rise to immadiate cause **BUE TO** (e), stating the underlying as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4)1 19. WAS AUTOPSY PERFORMED? NO I 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Port I or Part II of 'tam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH After this 2Dd. INJURY OCCURRED | 200, PLACE OF INJURY (Home, ferm, ' 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour am et work | et work DIRECTOR: saw the deceased alive on. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS VIRGINIA AVE., CUMBERLAND, MD. 1 23d. LOCATION (City, town or county) (Stete) 238. BURIAL, CREMATION, | 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL_(Specify) Old Church of Brethern Bromsville, Md. 0 Burla 25e REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) DATENOV 2 8 '61 Chilmy S. Thouse James F. Scarbelli, Cumberland, Md 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, ARYLAND MEDICAL EXAMINER'S CERTIFICATE FOR STATE HFALTH DFPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, if institution. Residence before edimission) . COUNTY Page Health, b. COUNTY eral director, Page Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) for your f write RURAL and give nearest fown) 15 Minutes Cumberland Van d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give sfreet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained in the State B Memorial Hospital YES NO NAME OF First Middle 4. DATE DECEASED OF 3 to the with the s 1, 2, and 3 to the age 5 may be re 1 and 2 with the 72 hours after c (Type or print) MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If DEATH Frank Snyder 61 November 19 6. COLOR OR RACE 7, MARRIED X NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Dave Hours Male October 8.1893 White WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 B RTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) permit. File pages 1 Lopez, Pennsylvania Retired coal miner-S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Snyder Tillie Mechtas (Deceased) Deceased 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknwn) | (Ifves give were release (service) 236-09-2396 Mrs. Rhode Snyder Van. West Virginia 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN east, execute the certificate, wr.ting the word "pending" in pencil in It should be forwarded to the Chief Medical Examiner's Office along FUNERAL DIRECTOR: Page 3 should be used as a burial-transit its designated agent, prior to burial, cremation, or removal, and in ONSET AND DEATH PART I. DEATH WAS CAUSED BY. CORONARY OCCLUSION IMMEDIATE CAUSE (+) SUDDEN **DUE TO** CORONARY SCLEROSIS Conditions, if eny, which (b) geve rise to immediate cause **DUE TO** (e), stelling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20f. (City or town) (County) (Slete) While Not While fectory, street, office bldg., etc.) Hour em. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry X and in my opinion Natural causes X. death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER November 12, BENEDICT SKITARELIC, M.D. Address (Street, city, town, or county) Cumberland, Md. 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY T 22d. LOCATION (City, lown, or country) REMOVAL (Specify) ₽40 g Memory Gardens Cemetery Burial Madison West Virginia 23. FUNERAL DIRECTOR ADDRESS. 240 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. ATSME Ruth E. Silcox Cumberland DANOV 14 '61. Cittury 2. Thates 5M 9/60 Maryland

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M \RYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY necessary, ector Page our files. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (I outside corporete limits, write RURAL end give nearest town) director write RURAL and give nearest town) CLAYSVILLE CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS for Boar he State B Memorial Hospital 3. NAME OF Middle DECEASED OF the (Typa or print) DEATH ALERED SPOSSEY November with 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | F UNDER 1 YEAR) 5. SEX 8. DATE OF BIRTH 2 will test birthday) 1, 2, and 3 ge 5 may and 2 will Months Male WIDOWED [DIVORCED YES. December 10a. USUAL OCCUPAT ON IG va kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? age 7 and 24 hours at ve Pages 1, 2 done during most of working life, even if retired) Give Pages I rm PM3 Pag File pages/I Brierhill. Barber Barber TSA BI 161 13. FATHER'S NAME Rose Glemma Anthony Spossey form 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17 INFORMANT Address permit, (Yes, no, or unkown) (If yes give wer or dates of service) MEMORIAL HOSPITAL. with WW .91-03-4514 CUMBERLAND 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] Office along w burial-transit p I. DEATH WAS CAUSED BY: INTRACRANIAL HEMORRHAGE IMMEDIATE CAUSE (a) DUE TO removal, SKULL FRACTURE Conditions, if any ,b) gava rise to immediata cause Examiner's (e used as a b DUE TO (a), steting the underlying 6 cause lest. Medical Examir should be used rial, cremation, PART I., OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0)1 19. WAS AUTOPSY writing the word " e Chief Medical Ex Page 3 should be u 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Page 3 short to burial, MEDICAL EXAMINER: CAUSE OF DEATH. Automobile accident 20c. T ME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) fectory, street, office b dq., atc.) Not While Metale the cerm. Id be forwarded to the Carrena DIRECTOR. Parena description to the Carrena descripti 28 el work al work Rt. Miles South Ridgelev Min. Inspection V 21 I certify that I took charge of the remains described above, held an Autopsy | Y. Inquiry 😽 Natural causes Suicide Homicide Undetermined manner 1 death resulted from Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for FUNERAL 1 SIGNATURE! DEPUTY MEDICAL EXAMINER November 18 **EXAMINER'S** BENEDICT SKITARELIC. M.D. Cumberland, NAME (Typa) 228 BURIAL CREMAT ON! 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Q 4 0 p Burial Imaculate Conception Washington 24a REC'D BY REGISTRAR 24b. 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE V5. A15ME Washington, Penna Robert J. Abel PARON 2 2 161 - Centrar S. France 5M 9 60

LAND STATE DEPARTMENT OF HEALTH

ON A FARM?

YES NO TO

19 61

Hours

INTERVAL BETWEEN

ONSET AND DEATH

11

Hours

PERFORMED?

(Stele)

YES X NO -

and in my opinion

DATE SIGNED

1961

(State)

Dave

USA

(County)

IF UNDER 24 HRS.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A RYLAND 12136 CERTIFICATE OF DEATH

ы	1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)							
IJ	ALLEGANY MARYLAND	MARYLAND b. COUNTY AT.I.FGAMY							
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town)	cyclity OR TOWN (If outside corporate limits, write RURAL end give neerest town)							
	CUMBERLAND 3 DAYS	CUMBERIAND							
V.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d STREET ADDRESS o. IS RESIDENCE ON A FARM?							
	SACRED HEART HOSPITAL 3. NAME OF First Middle	200 N. AVE. POTOMAC PARK Last DATE Month Doy Year							
	(Type or relat)	SROKOSIK DEATH NOV 2 1961							
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
		last birthdey) Months Deys Hours Min.							
	TIME OF THE PARTY	4-30-46 15 yrs.							
	done during most of working life, even if retired)	TT C A							
	STUDENT	CIRCERT							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
М	GEORGE SCROKOSIK	KATHE WOHLERS							
71	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no, or unknown) (Ifyesgivewerordelesofservice)	NFORMANT Address							
	NO NONE	PT'S CHART							
	IB. CAUSE OF DEATH Enter only one cause per i go for (e), (b), gold (c).	I INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH							
	IMMEDIATE CAUSE (6)	Juston Sharles							
	DUE TO								
	Conditions, if any, which geve rise to immediate cause								
	(a), steting the underlying DUE TO								
	cause lest. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
ATO ATO									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20. ACCIDENT WAS UNDERLYING 20. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH III FITTHER, NOTIFY MEDICAL EXAMINER)	(Enter neture of injury in Part I or Pert II of item 18.)							
	to the state of th	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, street, office bldg., etc.)							
	Hour e.m. While Not While p.m. 19 et work at work								
	21. I certify that (I) (this hospital) attended the deceased from	ing 1 1961, to Non 2, 1960 (that (1) (we) last							
	7	death occured at							
	2200 SIGNATURE	22b. DATE							
	1 1 1/2 / / / /	ATTENDING MED. STAFF							
	1221 PHYSICIAN'S	D. PHYS. PHYS PHYS							
	NAME (Type) DR. B.M. SCHINDLER	43 GREENE STREET							
	23a. BUR.AL, CREMAT.ON, 23b. DATE THEREOF 23c NAME OF CEMETERY C REMOVAL (Specify)	DR CREMATORY 23d. LOCATION (City, town or county) (5fete)							
	Burial 11/6/61 Pleasant Grov	e Cemetery Cumberland Maryland							
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE							
3	Ruth E. Silcox Cumberland Maryla	nd DATE HOV 7 '61 Circlus S. Kraus							



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. f. nstitut, nr. Residence before edm. ssion) rector. P. e. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND MARYTAND**ALLEGANY** b, CITY OR TOWN (if outside corporate limits. Lifetime c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) Rural Cumberland RuralCumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospifal, give straef address) d STREET ADDRESS v e. IS RESIDENCE oai 10 ON A FARM? reta.ned he State Mayes NO Winchester Road, Cresaptown, Maryland Winchester Road Cresaptown, DECEASED OF the (Type or print) DEATH Tda Elizabeth Staggs 19 November 61. ×ith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH AGE (In years | FUNDER I YEAR IF UNDER 24 HRS. may 2 with age 5 may and 2 wi 72 hours last birthday) Months Devs Hours Min. and WIDOWED within 24 hours after d 18. Give Pages 1, 2, and a form PM3. Page 5 mi DIVORCED [8 6 10a. JSUAL OCCUPATION (G va kind of work BIRTHPLACE (Stelle or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? age 1 an done during most of working life, even if retired) Housewife pages 1 Cresaptown, Maryland U.S.A. 13. FATHER'S NAME Emily Dawson Isaac Dawson File certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Winchester Road Cresaptown, Md. with for iYes, no, or unkown) [Ifyesgivewarordetesofservice) No Mr. Jackson Staggs (son) any, 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ss a burial-transit por removal, and PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) in pencil **DUE TO** CORONARY SCLEROSIS Conditions, if any, which (b) geva rise to immadiate cause Examiner's "pending" **DUE TO** (e), steting the underlying as ö pasn cremation, PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART ITALL 19. WAS AUTOPSY CERTIFICATION writing the word "
Chief Medical Ex
Page 3 should be u PERFORMED? NO T 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of niury in Perf I or Part I of tem 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: CAUSE OF DEATH. age to bu 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED , 20g, PLACE OF NJJRY (Home, farm, 1.20f), (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While forwarded to the CAL DIRECTOR: Page et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion Natural causes Accident Suicide Hom cide Undetermined manner death resulted from. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED lease execute is should be for FUNERAL I SIGNATURE DEPUTY MEDICAL EXAMINER November 11. 1961 EXAMINER'S BENEDICT SKITARELIC, M.D. Addition of Cemetery or Crematory Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 22a, BURIAL, CREMATION, 22b DATE THEREOF Comber land (Stefa) REMOVAL (Specify) 5 <u>7</u>40 ounty Allegany Burial Zion Memorial Maryland 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR V5, A15ME John J. Hafer umberland, Maryland DANOV 1 6 '61 andres S. threes 5M 9160



1,14	8	Item 12 Film 301 MARYLAND STATE DEPARTMENT OF HEALTH							
الا	H	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND							
k = 0	1	12138 CERTIFICATE OF DEATH 12125							
4 hours after by the funer and 2 should be the	NA	1. PLACE OF DEATH a. COUNTY ALLEGANY b. CITY OF TOWN (If outside corporate l.m.ts, write RURAL and give nearest town) c. C TY OR TOWN (If outside corporate l.m.ts, write RURAL and give nearest town)							
filled in Buss. Pages 1		CUMBERLAND 12 HOURS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION OF ARMITCH TO A PREMORTAL AVES., 322 RACE STREET STREET ADDRESS AL DATE MONTH Day Year							
papide d	* ,	(Type or print) CHARLES EDWARD STURTZ DEATH NOVEMBER 10 1961							
certificate be ex-		5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 58. DATE OF B RTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. MALE WHITE WIDOWED D VORCED JULY 3, 1924 100. USUAL OCCUPATION (Giva k nd of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) MILL TOOM WORKER HELLY SPRINGFIELD TIRE MARYLAND, CU., BERLAND U. S. A. 13. FATHER'S MAME							
ing pease	F	CHARLES STURTZ BOGGS, BESSIE							
e attendi Then pl	(T)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (Ifyesgivewerordetesofservice) 219-14-5794 MEMORIAL HOSPITAL, CUMBERLAND, MD.							
IAN: The law requires the all or attending physician, at or as been signed by the state burial-transit permit.		B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiate causa (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?							
PHYSIC the hospil his certification use a	Ö	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
INDING ained by R. After the detached		20c. TIME OF INJURY Month, Day, Year Hour s.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) factory, street, office bldg., alc.)							
PUTAL OR ATTE 190 4 may be refi- 18AL DIRECTO page 3 should be with the State Dept	/	21. I certify that (I) (this hospital) attended the deceased from 1							
death TO FUIT director,		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Burial Nov.13,1961 Hillcrest Burial Park Cumberland, Md. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
VR A15 (4) 15M 9/60	34	James F. Scarielli, Cumberland, Md. NOV 15'61 Cation & thomas							

*

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. Naza 4 shauld PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission o. COUNTY o. STATE b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURA) and give negrest town) Frostburg Life time Frasthurg D d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Braddock Park Center Street NAME OF First Middle DATE Month DECEASED (Type or print) DEATH Edward L Thomas Sr ģ 5. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TO B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER TYEAR IF UNDER 24 HRS. 3 to the retained Months Days WIDOWED | DIVORCED [7] Male 2-21-1905 Whi te 56 ym. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Air Condition Deut Celanese Corp Frostburg 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Llewellvn Thomas Ida Sharp 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Frostburg . Md . Address 214-07-6363 Thomas. Jr. 221 /2_Center St. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) 62 DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19 CERTIFICATION 200. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part I) of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 720f. (City or town) (County)/ factory, street, office bldg., etc.) Not while While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy [], Inspection X Inquiry death resulted from: Natural causes Accident . Suicide 4, Homicide . Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) cute 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) b REMOVAL (Specify) 0 -18-1961 Sun Set Memorial Burial Panid Cumber Tand 23. FUNERAL DIRECTOR'S SIGNATURE Fundopress Hafer VS. A15ME(5) NOV 2 G Frostburg.Md. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

YES NO

Year

19 61

Min.

House

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED2

(State)

and find that

DATE SIGNED

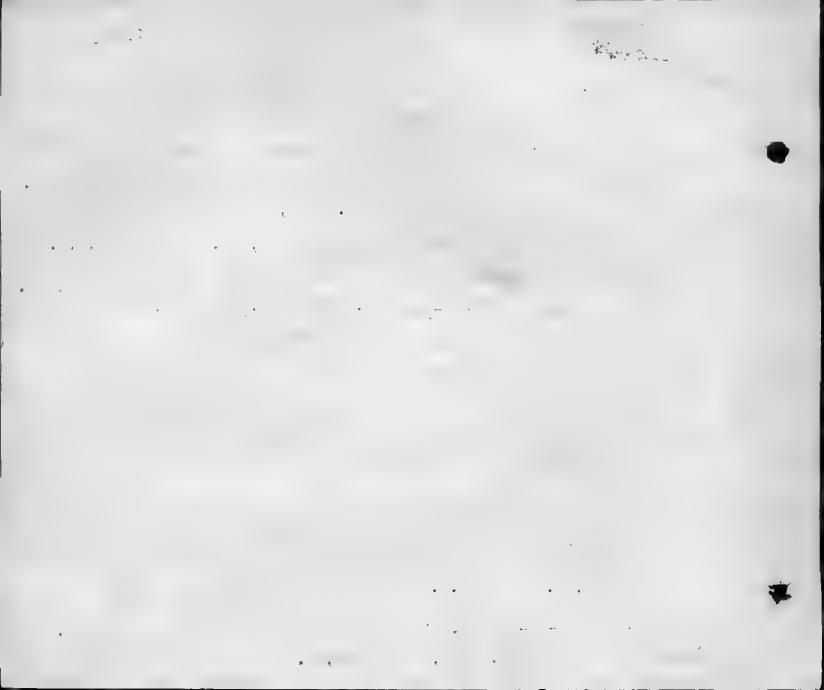
(State)

Md.

Day



l 🌶	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STRATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
funeral should	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY
by the family and 2 s death	Allegany b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Pages 1	Frostburg d. NAME OF HOSPITAL OR INSTITUTION (f no' in hospital, give street address) Miners Hospital 55 West Main Street VES NAME OF North Day Yesr Day Year
are be executed in and complete in and complete in earthwithin 72 house in the intervention in the interve	THOMPSON S. SEX OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) DEATH THOMPSON B. DATE OF BIRTH 9. AGE (in years If UNDER 1 YEAR) If UNDER 24 HRS. 10b. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (County & State, or fora gn country) 12. CITIZEN OF WHAT COUNTRY?
physician e remove	dona during most of working life, even if refired) Food Worker School Cafeteria Frostburg, Md. 13. FATHER'S NAME U.S.A. U.S.A.
N: The law requires that the death or attending physician. The bus been signed by the attending the burial transit permit. Then pleas burial, cremation, or removal, and is	Christopher Johns 15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no, or unknown) (Hiyasgivawaror dales of service) No None 212-18-1589 Mr. William J. Thompson, 505 Manor Terr 18. CAUSE OF DEATH [Enter only one cause, per line for (a), (b) and (c),] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), staling the underlying (c), staling the underlying cause lest. Z PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT, ON GIVEN IN PART 1(a), 19. WAS AUTOPSY
PHYSICIA the hospital his certifical for use as lib prior to	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOMOTORY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
DING ned by After t etached of Hea	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State) Hour a.m. 19 at work at work
WAAL OR ATTEN Je 4 may be relain IRAL DIRECTOR: , page 3 should be 6 , with the State Dopt.	21. I certify that (I) (this hospital) attended the deceased from
A VE VIE TO NOS	236. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REMOVAL (Specify) RUTIAL 11-22-61 St. Michaels Cemetery or CREMATORY 758. REC'D BY REGISTRAR'S SIGNATURE With H. William 23 E. Main, Frostburg, Md pathov 27'61 Carthur S. Waller



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be wined by the haspital or attending physician.

TO FUNEX. DIRECTOR: After this certificate has been signed by the attending physician and campletely filled yet the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the Stote Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

VR A1S (4) 1SM 9/59

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19141

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19109

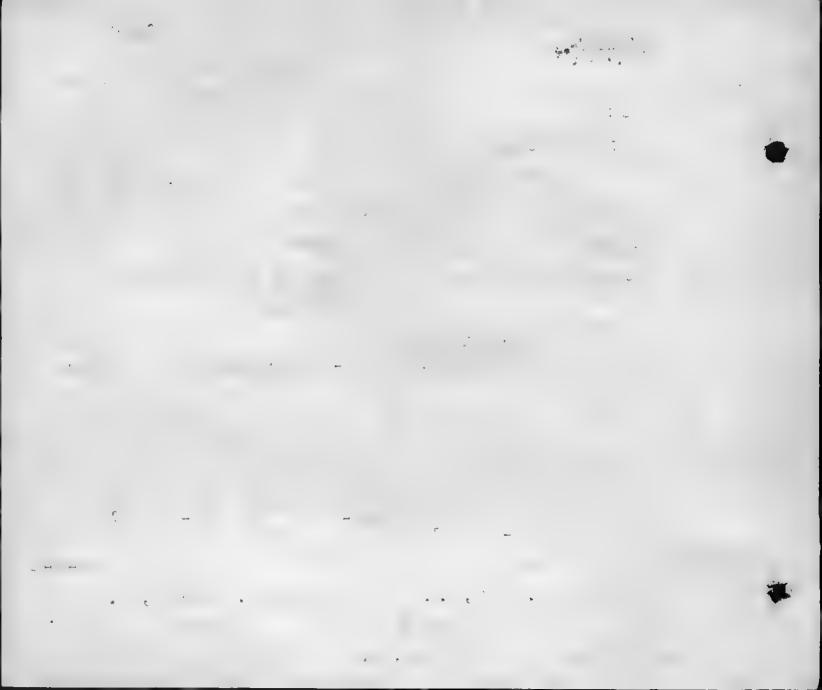
					State (C)				
PLACE OF DEATH a. COUNTY	Allegany	MARYLAND	O. STATE	ere deceased lived. If institution: Residue					
h CITY OF TOWN	Allegany (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	Maryla		llegany				
RURAL and give i	nearest lawn)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	OPLAND ITAL (If not in hospital, give street	9/5/1961	Ellers	110	le prospessor				
OR INSTITUTION			d. STREET ADDRESS		e IS RESIDENCE ON A FARM?				
	llegany Count	y infirmary			YES NO X				
3. NAME OF DECEASED (Type or print)	First Harry	Claud	Turner	4. DATE Month OF DEATH November	25, Year 19 61				
5. SEX	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in years IF UND	ER 3 YEAR IF UNDER 24 HRS				
Male	White widow	ED DIVORCED	7/15/1893	68 yrs. Manth	Days Haurs Min,				
10a. USUAL OCCUPAT	ON (Give kind of work done 10b. irking life, even if retired)			or fareign cauntry) 12.0	ITIZEN OF WHAT COUNTRY?				
Retired:		lper (W/Md.	Okanoka,	Maryland	U. S. A.				
13. FATHER'S NAME		* Harring	14. MOTHER'S MAIDEN N	IAME					
	Charles Turn	er	Anna K						
5. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NEGRMANT P.O.BO	x 599 Address C1	umberland, Mo				
No		A	Llegany Coun	ty Infirmary re	ecords.				
18 CAUSE OF DE	ATH [Enter only one couse per li	ne far (a), (b), and (c)	,		INTERVAL BETWEEN				
PART I. DE	ATH WAS CAUSED BY:	PONRAILIA	Dickeefo		ONSET AND DEATH				
DUE TO									
Conditions, if	Conditions, if any, which the Affice Selentris . Coreback determine -								
gave rise to	Immediate (DUS TO			2 6 12 fee See fi head to	-				
	lying couse lost.								
PART II. OT	THER SIGNIFICANT CONDITIONS O	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN P	ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO				
	/AS UNDERLYING ☐ 20b. DESC G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER}	ERIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in f	Part I or Part II of item 18 }					
20c. TIME OF INJU			LACE OF INJURY (Home, form		(County) (Stote				
Hour a.m.	19 While of war	THUI WILLIE	actory, street, office bldg., etc.	,					
	ot (1) (this hospital) attend			11/25/196119					
22a. SIGNATURE	Asea drive on AAL AAL	AZME and that	death occurred at	M, from the couses and an i	the dote stated above. 22b DATE				
22c PHYSICIAN'S	Myleoffeer	270	M.D. ATTENDING ME PHYS DI	ED STAFF PHYS.	11/27/61				
NAME (Type)	Dr. Lee B.	Mathews	49 Gree	ne St., Cumber	land, Md.				
230. BURIAL, CREMATI	ON, 23b, DATE THEREOF	23c NAME OF CEMETERY (OR CREMATORY	23d. LOCATION (City, town, or county	/) (Stote)				
Burial	" Nov.28.1961	Restlawn Me	emorial Gard		2.6.2				
24, FUNERAL DIRECTO		ADDRESS		D BY REGISTRAR 25b REGISTRAR'S					
James F	. Scarbelli.	Cumberland			L. House				

ľ.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORAL MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Ras'dence before admission) a. COUNTY a. STATMARYLAND **b.** COUNTY ALLEGANY Allegany

b. CITY OR TOWN (if outside corporate | mits, MARYLAND c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporate limits, write RURAL and give magrest town) write RURAL and give nearest town) 21 DAYS CUMBERLAND I STREET ADDRESS ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO SACRED HEART HOSPITAL 3. NAME OF 4. DATE Day Middle DECEASED (Type or print) DEATH JOHN VANMETER 1961 NOV. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BRTH last birthday) Months MALE WHITE WIDOWED [DIVORCED [ove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if refired) physicia RATEROADER MARYAAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending ISSAC VANMETER (DECEASED 1 (DECEASED Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown), (If yes give war or dates of service) PATIENTS CHART he INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular accident weeks Arteriesclerotic Cardie-vascular disease years Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO NO 20a, ACCIDENT WAS UNDERLY NG [] OR CONTRIBUTING [] CAUSE OF DEATH 206 DESCRIBE HOW INLERY OCCURED (Enter nature of injury in Part I or Part II of tem IB.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) , 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) While Not While Hour a.m. at work at work ...151..., and that death occured at 2 ...M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED D RECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 62 Greene St. Cumberland ector, filed 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) death.

O FU
directo REMOVAL (Specify)
Burial Md. Westernport 11/13/61 Philos Cem H 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. VR A15 (4) DATE NOV 1 6 '61 Westernport. Md. 15M 9/60



within 24 hours after

The law requires that the death certificate be executed

ATTENDING PHYSICIAN:

OR

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

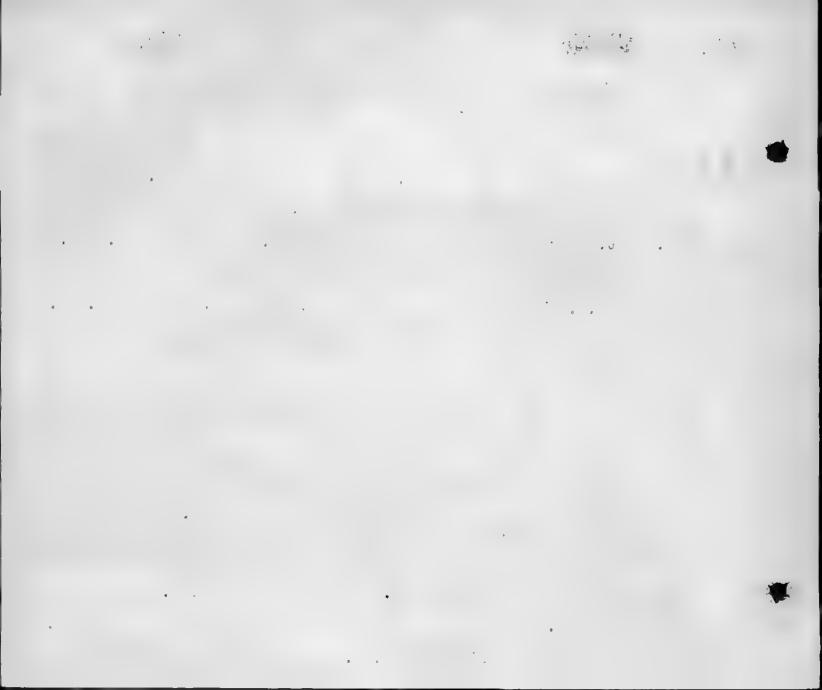
16117				DCI.()				
1. PLACE OF DEATH a. COUNTY				lution: Residence bafora admission)				
ALLEGANY	MARYLAND	a. STATE MARYI.	AND b. COUNTY	ALLEGANY				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporete limits, write RU	RAL and give nearest town)				
CUMBERLAND	2 DAYS	12 CUMBERL	AND					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pital, giva street address)	d. STREET ADDRESS		a IS RESIDENCE ON A FARM?				
SACRED HEART HESPITAL		114 NEW	HEMPSHIRE AVE.	YES NO				
3. NAME OF FIRST	Middla	Last 4.	DATE Month	Day Year				
(Type or print) CATHERINE	FRANCES	WEBER	DEATH NOVEMB	ER 15, 61				
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X 8	. DATE OF BIRTH	9. AGE (In years If U					
FEMALE WHITE WIDOWEL	DIVORCED [July 30. 191	LO 50X53m	onths Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work 10b. Kildone during most of working life, evan if refired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County 8	State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY				
Clerk Gro	ocery Store	MARYLAND (UMBERLAND	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
JOSEPH WEBER		ANNA LUE	ECK					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. ! (Yas, no, or unkown) (Ityasgive war or dates of sarvica)	SOCIAL SECURITY NO. 17. I	NFORMANT	Address					
no 2]	L4-05-6385PA	TIENTS CHART_						
18. CAUSE OF DEATH [Enter only one cause par li				INTERVAL BETWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brenchogenic Carcinema Mess								
1631 DUE TO								
Conditions, if any, which (b)								
gave rise to immediate cause (a), stating the underlying DUE TO								
cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	FRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN A	N PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO				
208. ACCIDENT WAS UNDERLYING 206. DESC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 1B.)							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
ZOc. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20s. PLA	CE OF INJURY (Home, ferm,	20f. (City or town)	(County) Stata)				
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a.m., Whila	Not While fact	ory, streat, offica bldg., etc.)						
21. I certify that (I) (this hospital) attend	— — I	11 + le 6	1 11 # 15	., 19 61. , that (I) (we) last				
saw the deceased alive on 11 - 15				on the date stated above.				
228. SIGNATURE Page 4. Bree	ear, M.	ATTENDING MED.	STAFF	11-15-61 DATE				
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS						
Ralph W. Balli	n. M.D.	62 Greene St	Cumberland,	Md				
DEMONIAL ISIL-)	23c. NAME OF CEMETERY		3d. LOCATION (City, town of	county) (Stata)				
Burial Nov. 18,196	L SS.Peter &	c Paul Cemete	ery Cumberl	and, Md.				
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RECAPO		RAR'S SIGNATURE				
James F. Scarpelli, Co	umberland, N	O P DATE	(,,	-1 I Kines				

TO HOSPITAL VR AIS (4) 15M 7/61



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM(RE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmissign) e COUNTY **b.** COUNTY by the and 2 death. B. CITY OR TOWN (if outside corporate .imits, MARYLAND by that c. LENGTH OF STAY IN 16 c. CHY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) 57 d. NAME OF HOSP, TALL OR INSTITUTION (if not in hospital, give street address) SAN FRANCISCO Pages urs afte illed i d. STREET ADDRESS IS RESIDENCE ON A FARM? STREET YES NO T papers. NAME OF First Middle A DATE complet DECEASED OF 61 (Type or print) DEATH Nov. GEORGE 0 and cor 6. COLOR OR RACE AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 39 yrs. DIVORCED X WIDOWED [MALE 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY I BIRTHPLACE (County & State, or fore gr country) done during most of working life, even if retired) U.S. A. Dept. Store LUKE, MD. Macy's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mammie E. Smith George O. Williams Mami

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Luke. Md. Oliver D. W.W. LL Williams. 18. CAUSE OF DEATH [Enter only one causa ger ine for (a), b), and (c).] certificate has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY AMMEDIATE CAUSE (6) DUE TO Conditions, If ony, which gave risa to immediate cause DUF TO (a), stating the underlying PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION for use as t PERFORMED? NO 🔀 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING CAUSE OF DEATH After this DIRECTOR: After the should be detached MEDICAL 2Dd. INJURY OCCURRED | 2De PLACE OF INJURY (Home, farm, ' 2Df. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.) Hour nm While Not While et work 21. | certify that (I) (this hospital) attended the deceased from Nov. 19.4, to Nov. 16..., 1961, that (I) (we) last State D saw the deceased alive on..... SIGNATURE STAFF 1961 sumua. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Piedmont Wolverton Jr. 23a. BURIAL, CREMATION, | 23b. DATE THEREON 23 d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) 0:23 Nov. 18/61 | Westernport . Philos Cemeterv 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) NOV 2 0 '61 - 2 S. Kracia 15M 9/60 Piedmont, W.Va. DATE



AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institut in Residence before admission) a. COUNTY a. STATE h. COLINTY ALLEGANY by the and 2 death ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. E LENGTH OF STAY IN 16 c. CITY OR TOWN (f outs de corporete limits, write RURAL end g ve neerest town) write RURAL and give nearest town] DAYS CUMBERLAND BARTON Pages d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tel, give street eddress) A. IS RESIDENCE d STREET ADDRESS 60 ON A FARM? MEMORIAL HOSPITAL. MEMORIAL AVE. YES NO 3. NAME OF A DATE Last Month Year DECEASED (Type or print) EDWARD WINKLER DEATH NOV. 26 61 19 and col 6. COLOR OR RACE 7. MARR ED NEVER MARRIED 8. DATE OF BIRTH 19. AGE In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Devs WIDOWED [DIVORCED Гетоме 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) done during most of working life, even if retired! MARYLAND U-S-A-Coal-Mine Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE WINKLER ROSE M. HOHING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT MEMORIAL HOSPITAL, CUMBERLAND, MD. (Yes, no, or unkown) (If yes give war or detes of service) INTERVAL BETWEEN s certificate has been signed by the or use as the burial-transit permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which gave rise to immediate cause **DUE TO** (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS ONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPSY PERFORMED? NO 29b. DESCRIBE HOW INJURY OCCURED. (Enter nature of 'njury in Part I or Part II of Itam 18.) 200. ACCIDENT WAS UNDERLYING []
OR CONTRIBUTING [] CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this cel 3 should be detached for u 20d, tNJURY OCCURRED | 20e PLACE OF INJURY (Home, ferm, 20f, (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (Stete) factory, street, office bldg., atc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from, 19.k...., that (I) (we) last and that death occurred at 10:024Mm the causes and on the date stated above. saw the deceased alive on .1., 22Ь. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. 22d. ADDRESS GEORGE ALGONQUIN HOTEL, CUMBERLAND, MD. SIMONS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 230. BURIAL, CREMATION, 236. DATE THEREOF (State) REMOVAL (Spacify) Gabriels Cem. Barton 0 Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Westernport. 15M 9/60 DATEV 2 8 '61 arthur & Know

comme

physicia■

attending

the hospital

death certificate



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) ral director. Page d for your files. Board of Health. e. COUNTY b. COUNTY Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give neerest town! Cumberland LaVale d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B Memorial Hospital YES NO W Buchanan NAME OF d within 24 hours after death. If a man 18. Give Pages 1, 2, and 3 to the lift form PM3. Page 5 mmy be retain with: File pages 1 and 2 with the Stany event within 72 hours after deat Middle 4. DATE DECEASED (Type or print) Melvin Charles Wright DEATH November 7, 1961 19 6. COLOR OR RACE 7, MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male WIDOWED White DIVORCED | January 7, 1894 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if retired Train Dispatcher (Ret) Western Md. R.R. Frostburg, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give John Wright Anna Geifarth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give wer or detes of service) permit. Office along with burial-transit permi AUA Unknown Mrs. Melvin C. Wright, LaVale, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pue CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) certificate should be DUE TO removal, Conditions, if any, which CORONARY SCLEROSIS (b) "pending" gave rise to immediate cause v ro. DUE TO ecute the certificate, writing the word "pending be forwarded to the Chief Medical Examiner' RAL DIRECTOR: Page 3 should be used as signated agent, prior to burial, cremation, or r (a), steling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. 20s. TIME OF INJURY 20e. PLACE OF INJURY (Homa, farm, ; 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (County) (Stete) factory, streat, office bldg., atc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. inquiry W and in my opinion IY MEDICAL death resulted from: Natural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER its designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER X November 7. 1961 EXAMINER'S NAME (Type) Benedict Skitardlic, M.D. Addi 2b. DATE THEREOF 22c, NAME OF CEMETERY OR CREMATORY Address (Street, city, town, or county) Cumberland, Md. 22e. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22d. LOCATION (City, town, or country) 0 40 Frostburg, Maryland Frostburg Memorial Park 11/10/61 Burial 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR VS. ATSME 117 Frederick St. Cumb. Md. NOV 1 0 '61 arthur S. Throng DATE

94151 3 3 11 er / count of the country and destroyed Emiles mateuro nivias TO ASSET T TEST 67 Transfer (participate (all all resident (fel) recolored distri-All tell metals THE PERSON OF THE STATE . THE PARTY . T. ALLEYS ALLESSES All softened bid by being 17/1998 . Printing Section ball theretain, leading . H. Jew. The pointeders TID Dec at the

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E CELEVINI

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be sined by the haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled may the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be with, the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	121	47		CERTIFIC	CAT	E OF DEATH	1		101	24		
1.	PLACE OF DEATH a. COUNTY	Allegany		MARYLA	_	O. STATE Mary		l lived. If institution b. COUNTY		nce befo	re admissi	an)
b. CITY OR TOWN (If outside corporate I RURAL and give nearest tawn) Cumberland		earest tawn)	its, write	c. LENGTH OF STAY IN 2/20/1960		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Cumberland						
	OR INSTITUTION	AL (If not in hospital, any Count		ddress) firmary		d. STREET ADDRESS	avett	e Stree	t			DENCE FARM? NO [X]
3.	NAME OF DECEASED (Type or print)	Lau		Middle B •	Zi	mme rman	4. DATE OF DEATH	Novemb	ith	13.	•	19 61
I	sex Fomalo	6. COLOR OR RACE	WIDOWE	Net .		DATE OF BIRTH 12/12/187	3	9. AGE (In years last birthday) 88 yrs.	Months	Doys	Hours	Min.
	during most of worl Housewi FATHER'S NAME	king life, even if refired		wn Home			Pennsy	ountry) rlvania	12.CI1	U.	S	A .
		John Kel	•	OCIAL SECURITY NO.			ah Clu		(1 san	u b. a. a	- T	3 363
(Y		(If yes, give wor or dates of		OCIAL SECURITY NO.		legany Co			ress Cur	001		
NO	422 Conditions, if a gave rise to i cause (a), stating lying cause last.	the under-	OUR TR	TERIASE DITRIBUTING TO DEATH	16.R R:	osis. Se aht Hib	ENER!	psycho d)	OS . S	RT 1(o) 1	19. WAS /	AUTOPSY RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED.	(Enter nature of injury i	n Port I ar Pari	t II of item 18.)			YES	ио □
MEDICAL	20c. TIME OF INJUR Haur a. m. p. m.	RY Manth, Day, Ye	or 20d. IN While of work	Not while		E OF INJURY (Hame, fa ry, street, office bldg., e		ar tawn)		(County)		(State)
	21. I certify the saw the deced 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	7.7		ed the deceased of 611 2 1 and 1	har dec	ATTENDING PHYS. 22d. ADDRESS 49 Green	MED. DIRECTOR	STAFF	nd an th	e date	stated 220 L/11	abave.
	o. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	Nov.15	,1961	23c, NAME OF CEMETE St. Luk ADDRESS	e ts	Cemetery	-	non (City, town,		IGNATU	(State	e)
	James F.	Scarpell	1. C	umherland	Ma			Date of the state	Lithur .	8. Th	aus	

